

# **MONTANA STATE PLAN**

*For  
Community Mental Health  
Centers Construction*



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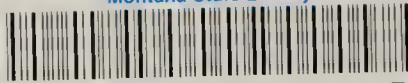
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*Division of Hospital and Medical Facilities  
Montana State Department of Health  
Helena, Montana*

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MONTANA STATE PLAN

FOR

COMMUNITY MENTAL HEALTH CENTERS CONSTRUCTION

Revised  
1969

Montana State Department of Health  
Division of Hospital and Medical Facilities  
Helena, Montana



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CHAPTER I

S I N G L E  
S T A T E  
A G E N C Y







## CHAPTER I

### SINGLE STATE AGENCY

The Governor, in 1963, directed the State Mental Health Authority to develop a comprehensive mental health plan for Montana, and on March 24, 1964, designated the State Department of Health to administer the construction phase of the Federal Community Mental Health Centers Act of 1963. A copy of the Governor's letter appears as Exhibit I.

The enactment by the Montana Legislature of Chapters 269 and 270 of the 1947 Session Laws enabled the State of Montana to comply with all the requirements of the original Hospital Survey and Construction Act, commonly known as the Hill-Burton Act. Chapter 270, the Montana Hospital Survey and Construction Act, established the Department of Health as the sole agency for the administration of the plan, authorized the inventory and survey of existing hospital facilities, and provided for an Advisory Council.

It was necessary to amend the original State enabling law to cover the expanded program as provided by the Medical Facilities Survey and Construction Act of 1954. This was accomplished by Senate Bill No. 67, signed by the Governor March 4, 1955, included as Chapter 215 of the 1955 Montana Session Laws.

Governor Tim Babcock designated the State Department of Health as the sole agency to implement the provisions of Public Law 88-164, cited as the "Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963." The enabling legislation was provided by Chapter 77 of the 1965 Montana Session Laws. This also provided for the "Hospital and Medical Facilities Amendments of 1964," Public Law 88-443.

The 1967 Montana Legislative Assembly enacted Chapter 197 which pertains to the State Agency in the administering of the construction phase of the Federal Community Mental Health Centers Act of 1963, and the Mental Health Amendments of 1967.

Section 1, Chapter 197, Laws of Montana, 1967, (Chapter 41 - State Board of Health, Section 69-4101, Revised Codes of Montana, Volume 4, Part 1, 1967 Cumulative Pocket Supplement) establishes a State Department of Health within the executive branch of state government. Effective July 1, 1967, the Department of the State Board of Health is designated as the State Department of Health.

Section 2, Chapter 197, Laws of Montana, 1967 states "State Board" to mean the state board of health and "Department" to mean the state department of health.

Membership of the State Board of Health is detailed by law, Section 3, Chapter 197, Laws of Montana (Section 69-4103, Revised Codes of Montana, Volume 4, Part 1, 1967 Cumulative Pocket Supplement):

"(1) The state board consists of seven (7) members appointed by the governor for terms of seven (7) years with the consent of the Senate. An appointment to replace a member whose term has expired shall be for seven (7) years. An appointment to replace a member whose term has not expired shall be for the remainder of the term.

(2) Membership of the state board shall include:

- (a) three (3) persons who have a degree of doctor of medicine;
- (b) one (1) person who has a degree of doctor of dental surgery;
- (c) three (3) persons who have demonstrated intelligent and active interest in the field of public health who do not hold the degree of doctor of medicine or doctor of dental surgery.

(3) Terms of members holding office when this act becomes effective shall not be affected."

The seven member board appointed by the Governor appears in Exhibit V.

Chapter 197, Laws of Montana, 1967 (Chapter 52, Sections 69-5201 to 69-5221, Revised Codes of Montana, Volume 4, Part 1, 1967 Cumulative Pocket Supplement) supercedes Chapter 78 and Chapter 162 of the 1965 Montana Session Laws. This law provides for the licensing of hospitals, hospital related facilities, and long-term care facilities. Section 159 (69-5201) in part defines "Hospital related facility" as a facility which provides diagnosis, treatment, or care of individuals suffering from mental illness or mental retardation. It also provides, in Section 172 (69-5214), a hospital and long-term care facility advisory council to consult with the state board in administering this chapter and statutes relating to hospitals, medical and related facilities survey and construction contained in Sections 180 through 192 (69-5301 through 69-5313) of this act. A copy of the amended law is included in Exhibit III.

Chapter 197, Laws of Montana, 1967 also includes Hospitals, Medical and Related Facility Survey and Construction in Sections 180 through 192. This is designated as Chapter 53, Sections 69-5301 through 69-5313 of the Revised Codes of Montana, Volume 4, Part 1, 1967 Cumulative Pocket Supplement. Sections 181 (69-5302) designates the State Department of Health as the principal State Agency for establishing and administering a statewide plan for construction, modernization, alteration, equipment, maintenance, or operation of any hospital, medical or related facility for provision of care, treatment, diagnosis, rehabilitation, training, or related service.

Section 180, (4), (69-5301,(4) defines "related facility" to include a facility devoted to the diagnosis, treatment, or care of individuals afflicted with mental illness or mental retardation. A copy of Chapter 197 Sections 180 through 192 (Chapter 53, Section 69-5301 through 69-5313, Revised Codes of Montana, Volume 4, Part 1, 1967 Cumulative Pocket Supplement), is included in Exhibit II.



It is obvious from the two (2) sections of the law mentioned that the Montana State Department of Health is the sole agency designated to implement the provisions for participation under Public Law 88-164, Title I, Part C -- Grants for Construction of Facilities for the Mentally Retarded and Title II -- Construction of Community Mental Health Centers and Public Law 90-31 cited as the "Mental Health Amendments of 1967." Further clarification is contained in a Legal Opinion of the Attorney General of the State of Montana which appears as Exhibit IV.

The Executive Officer of the Montana State Department of Health is John S. Anderson, M.D., M.P.H., who is responsible to the Montana State Board of Health. An Organizational Chart of the Montana State Department of Health is shown in Exhibit VI. The Division of Hospital and Medical Facilities is responsible for the administration of the Montana State Plan for Hospital and Medical Facilities Construction (Hill-Harris Program), the Montana State Plan for the Construction of Mental Retardation Facilities, and the Montana State Plan for the Construction of Community Mental Health Centers. This Division is staffed by Robert J. Munzenrider, Chief, Hospital Construction Section; Wallace A. King, Hospital Facilities Consultant; Walter C. Moyle, Hospital Architect; and Mrs. Pamela Moore, Secretary.

Section 69-5311 of Chapter 53 of the Revised Codes of Montana authorizes the State Department of Health to accept Federal funds and to deposit these with the State Treasurer. The executive officer shall transmit Federal funds to applicants for work performed, or purchases made, in carrying out approved projects. Federal payments are to be directed to the State Treasurer, State of Montana, State Capitol Building, Helena, Montana.

The Montana Legislative Assembly created the Montana State Department of Institutions in order to utilize, at maximum efficiency, the resources of state government in a coordinated effort to restore the physically or mentally disabled, to rehabilitate the violators of law, to sustain the vigor and dignity of the aged, to provide for children in need of temporary protection or correctional counseling, to train children of limited mental capacity to their highest potential, to rededicate the resources of the state to the productive independence of its now dependent citizens, and to coordinate and apply the principles of modern institutional administration to the institutions of the State.

Edwin G. Kellner, Director, Department of Institutions, is responsible to the Board of Institutions which is a five-member Board appointed by the Governor. The Organizational Chart of the Montana State Department of Institutions appears in Exhibit VII.

The Montana State Department of Institutions has administrative supervision over the Warm Springs State Hospital, Warm Springs; the Boulder River School and Hospital, Boulder, which is the State Institution for the mentally retarded; the State Industrial School, Miles City; the Mountain View School for Girls, Helena; the Montana Children's Center, Twin Bridges; the Montana Center for the Aged, Lewistown; the Galen State Hospital, Galen; the Montana State Prison, Deer Lodge; and the Montana Veteran's Home, Columbia Falls.

The Warm Springs State Hospital at Warm Springs is the only public mental hospital in the State. Stanley J. Rogers, M.D., is Superintendent and Director of the Warm Springs State Hospital. He also serves as the State Mental Health Authority and Director, Division of Mental Hygiene. In this capacity he is responsible for the establishment and functioning of mental hygiene clinics in the State. Mental hygiene clinics are located at Billings, Butte, Helena, Great Falls, and Missoula.

There is a close working relationship between the State Department of Health, the State Department of Institutions, the State Mental Health Authority and the Division of Mental Hygiene in the development of the Plan and in the preparation of Project Construction Applications.

CHAPTER II

HOSPITAL AND  
LONG-TERM CARE  
FACILITY ADVISORY  
COUNCIL





## CHAPTER II

### HOSPITAL AND LONG-TERM CARE FACILITY ADVISORY COUNCIL

Chapter 197, Laws of Montana, 1967, Section 172 (Section 69-5214, Revised Codes of Montana, Volume 4, Part 1, 1967 Cumulative Pocket Supplement) provides a Hospital and Long-Term Care Facility Advisory Council to consult with the State Board in administering the statutes relating to hospitals, medical and related facilities survey and construction contained in Sections 180 through 192 of Chapter 197 (69-5301 through 69-5313). Section 69-5214 of Chapter 52 appears in Exhibit III.

The Advisory Council is listed on pages 6, 7, and 8, which shows the appointees, organizational interest, term of appointment, and area of the State represented. The members of the Council are from various geographical areas of the State. Consultants to the Council include Jack C. Carver, Director, Division of Vocational Rehabilitation, State Board of Education, and Stanley J. Rogers, M.D., State Mental Health Authority. The tenure dates of each member are also included.

The Montana Association for Mental Health does not have representation on the Advisory Council at the present time. However, Council members serving on the Governor's Joint Committee on Mental Health and Mental Retardation are: Miss Elizabeth Havnen, A. W. Scribner, Leonard Kuffell, M.D., Bryce Hughett, M.D., and Thomas McMaster. Dr. Bryce Hughett also represents the Mental Health Group on the Comprehensive Mental Health Planning Committee.

The Advisory Council advises and assists the State Department of Health in developing the various State Plans; makes recommendations to the State Board of Health for the adoption of the State Plan or any changes it feels are necessary; assists in the developing of standards for construction of the various types of facilities and in the development and promulgation of standards for operation. The Council also makes recommendations to the State Board of Health on applications for construction after considering conformance with the State Plan, priority, and availability of Federal funds.

The Advisory Council has encouraged planning by local county medical societies and the coordination of any planning in the development of the various state plans. The work of the Advisory Council, coordinated by the Executive Officer of the State Department of Health, who is also ex-officio chairman of the Council and Chairman of the various programs administered by the State Board of Health, which includes the Hill-Burton program, the Community Mental Health Center Construction Program, and the Construction of Facilities for the Mentally Retarded. A public hearing is scheduled in conjunction with the Advisory Council meeting to afford interested groups or individuals the opportunity to be heard on the various state plans and proposed amendments to these plans.

Section 69-5215 (Chapter 53, 1967 Revised Codes of Montana) states:

"(1) Members of the first council shall serve for one (1), two (2), or three (3) years as designated by the governor. The governor shall avoid expiration of the terms of more than one-third ( $1/3$ ) of the initial appointive members' terms in any twelve (12) month period. After the initial appointments, appointed members serve for three (3) year terms. Appointments for unexpired terms shall be for the remainder of the term.

(2) The council meets at the call of the chairman, or at the request of four (4) of the appointed members.

(3) Members, except ex officio members, are reimbursed at the rate of ten dollars (\$10) per day for actual expenses and eight cents (8¢) per mile for travel."



HOSPITAL AND LONG-TERM CARE FACILITY ADVISORY COUNCIL

NAME AND ADDRESS

Government

John S. Anderson, M.D., M.P.H.  
Helena, Montana

Occupation or Profession

Chairman, Ex Officio  
Executive Officer,  
State Dept. of Health

Representation

State Dept of  
Health

Theodore Carkulis \*\*  
State Dept. of Public Welfare  
10th and North Ewing  
Helena, Montana

Director, State Dept. of  
Public Welfare  
Ex Officio

State Dept. of  
Public Welfare

Edwin G. Kellner  
Helena, Montana

Director, State Dept.  
of Institutions  
Ex Officio

State Dept. of  
Institutions

Non-Government

V. R. Powers 2/ 5/ \*  
1211 Rose Brier Drive  
Missoula, Montana

Administrator  
Missoula Community Hos-  
pital

Montana Hospital  
Association

Eugene A. Lalonde 4/ 5/  
P.O. Box 953  
Sidney, Montana

Attorney

Montana Tuber-  
culosis Assn.

M. E. Donovan 2/ 5/ \*  
P.O. Box 1677  
Helena, Montana

Executive Director  
Montana Physicians'  
Service

Blue Shield

Leonard Kuffel, M.D. 4/ 6/  
18 Martha Court  
Missoula, Montana

Anesthesiologist

Montana Medical  
Association

Thomas McMaster 3/ 6/  
1109 Livingston Avenue  
Helena, Montana

Dairy Technologist

Montana Assn.  
for Retarded  
Children

Bryce Hughett, M.D. 2/ 7/ \*  
1231 North 29th  
Billings, Montana

Psychiatrist

Montana Medical  
Association

John Muir 4/ 8/  
Hamilton, Montana

Administrator, Valley  
View Estates Nurs. Hm.

Long-Term Care  
Facilities

Mrs. Dorothea M. Huff 3/ 8/  
Big Timber, Montana

Administrator, Sweet Grass  
County Pioneer Home

Long-Term Care  
Facilities

NAME AND ADDRESSConsumersOccupation or ProfessionRepresentation

Mrs. Helen Johnson 4/ 5/  
619 South Willson Avenue  
Bozeman, Montana

Real Estate Insurance

Mrs. G. J. Stenseth 1/ 8/ \*  
645 Seventh Avenue East  
Kalispell, Montana

Housewife

Mrs. Ralph Getter 4/ 8/  
224 Second Avenue Southeast  
Cut Bank, Montana

Housewife

Mrs. Stephen Birch 3/ 5/  
2625 Fourth Avenue South  
Great Falls, Montana

Housewife

Robert F. Branton 4/ 5/  
210 South Oak  
Townsend, Montana

Insurance

F. B. Welsh 4/ 5/  
9 North 24th Street  
Billings, Montana

Insurance

Miss Elizabeth Havnen 3/ 5/  
3415 Second Avenue South  
Great Falls, Montana

Nursing Supervisor  
City-County Health  
Department

W. Boyce Clarke 3/ 6/  
1705 Stower  
Miles City, Montana

Insurance

A. W. Scribner 3/ 6/  
P.O. Box 225  
Helena, Montana

Attorney

Ervin S. Thoreson 3/ 6/  
302 - 36th Street South  
Great Falls, Montana

Pharmacist

Mrs. Thomas Payne 4/ 7/  
112 Pattee Creek Drive  
Missoula, Montana

Housewife  
B. Sc., Nursing

Consultants

Jack C. Carver 9/  
508 Power Block  
Helena, Montana

Director, Division of  
Vocational Rehabilitation  
State Board of Education

Vocational  
Rehabilitation

NAME AND ADDRESS

<u>Consultants (continued)</u>	<u>Occupation or Profession</u>	<u>Representation</u>
Stanley J. Rogers, M.D. Superintendent & Director Warm Springs State Hospital Warm Springs, Montana	Director, Division of Mental Hygiene Mont. Dept. of Institutions	State Mental Health Authority

1/ Term of Office: January 1, 1968 to January 1, 1969.

2/ Term of Office: January 1, 1966 to January 1, 1969.

3/ Term of Office: January 1, 1967 to January 1, 1970.

4/ Term of Office: January 1, 1968 to January 1, 1971.

5/ Appointed under P. L. 88-443, Hill-Harris.

6/ Appointed under P. L. 88-164, Title I, Part C. (Construction of facilities for the Mentally Retarded.)

7/ Appointed under P. L. 88-164, Title II (Construction of Community Mental Health Center.)

8/ Appointed under Chapter 197, Section 172, (2)(e), Laws of Montana 1967. (Chapter 52, Section 69-5214, (2)(e), Revised Codes of Montana, Volume 4, Part 1, 1967 Cumulative Pocket Supplement.)

9/ Public Law 88-443 in Section 604, (a)(3) provides that the Advisory Council shall include a representative of a non-government organization, or group, or state agency concerned with rehabilitation, or provide for consultation with groups, organizations or agencies so concerned.

**\*\*** W. J. Fouse retires as of January 1, 1969 as Director of Public Welfare. Theodore Carkulis is new Director.

**\*** Term expires as of January 1, 1969. Have been reappointed.







CHAPTER III

GENERAL  
CHARACTERISTICS  
OF THE STATE



## CHAPTER III

### GENERAL CHARACTERISTICS OF THE STATE

#### GOVERNMENTAL STRUCTURE\*

The development of government in Montana necessarily followed the settlement of the area presently included within its boundaries. When this area was designated as Montana Territory in 1864 with its capitol at Bannack, it acquired its first government. Prior to 1864, the area included within Montana had been under a number of different governments; the portion east of the Continental Divide had belonged, in succession, to Louisiana, Missouri, Nebraska, Dakota, and Idaho, while that portion west of the Divide had belonged to Oregon, Washington, and Idaho successively.

Montana was admitted to the Union on November 8, 1899 as the forty-first state. A constitution had been adopted by a Constitutional Convention on August 17, 1889, and ratified by the voters of Montana on October 1, 1889. Two earlier attempts by residents of the territory to frame a constitution and secure admission as a state had failed. The constitution adopted in 1889 was patterned after those of other western states, notably the California Constitution of 1879. It is still in effect having, however, been modified by some thirty-two amendments.

The Constitution of Montana provided for the usual separation of powers among three branches of government--legislative, executive, and judicial. This structure has not been changed fundamentally in the intervening years. A marked growth of the functions of government, however, has resulted in a substantial increase in the number of administrative agencies, departments, boards, and commissions. In 1890 there were twenty separate offices and boards. By 1920 the number had grown to 104 and by 1957 to more than 140. Three attempts of administrative reorganization in 1919, 1941, and 1951, failed to halt the proliferation of separate administrative agencies.

The legislature is known officially as a Legislative Assembly. It is bicameral, being composed of a Senate and a House of Representatives. In the past, Montana's fifty-six counties were the districts used in selecting both senators and representatives. Each county was entitled to one senator resulting in a Senate with fifty-six members. Theoretically, representation in the House was based on population, although each county was automatically entitled to at least one representative. In addition, each county was entitled to a representative for each 7,000 persons in excess of the base quota of 3,500 persons.

Following the decision by the United States Supreme Court on reapportionment, a case was brought before the United States District Court, which on August 6, 1965, ruled on the constitutionality of the legislature. As a result, the Court set up thirty-one senatorial districts for a total

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\*The Montana Almanac, 1959-60, Missoula, Montana, Montana State University Press, 1958.



of fifty-five state senators and thirty-eight representative districts for a total of 104 state representatives. This system will be maintained until such a time as the State of Montana sets up a reapportioned plan which is acceptable to the Court. Biennial sixty-day sessions in odd numbered years are prescribed for the Legislative Assembly. Special sessions may be called by the Governor.

Montana has two Congressional Districts and is represented in the Congress of the United States by two senators; the Honorable Mike Mansfield and the Honorable Lee Metcalf; and two congressmen, the Honorable Arnold Olsen and the Honorable John Melcher.

Members of the House are elected for two-year terms and Senators serve four-year overlapping terms. The House of Representatives is presided over by a Speaker, elected from the membership, while the Lieutenant Governor is the presiding officer of the Senate. Other officers and employees of both Houses are not members and are hired on a non-merit basis. Each House has its own standing committees.

The executive branch includes the Governor and six other elective officers with whom the Governor shares executive authority. The other elective officers are Lieutenant Governor, Secretary of State, Attorney General, State Auditor, State Treasurer, and Superintendent of Public Instruction. The Board of Railroad Commissioners, consisting of three commissioners, is an elective Board and also serves ex officio as the Public Service Commission.

There are various boards and commissions composed exclusively of elected and appointed officers of the state sitting ex officio. The Governor, Secretary of State and Attorney General comprise the following boards: Board of Examiners, Board of the State Prison Commissioners, Carey Land Act Board, and the State Board of Commissioners for the Insane. There are approximately nine other boards on which the various elected officials are ex officio members. In addition to these, there are mixed boards and commissions which are bodies composed of various state officials ex officio and other appointed members who are not state officials. Gubernatorial appointments are subject to Senate confirmation. There are also boards and commissions in charge of important administrative or regulatory activities in the State which are appointed by the Governor.

The judicial branch includes the five-member Supreme Court and eighteen district courts, plus the customary municipal and justice-of-the-peace courts. The Supreme Court is chiefly a court of appellate jurisdiction. Cases of importance are tried in the first instance in the district courts. Montana judges are chosen by popular election on a non-partisan basis. Supreme Court justices are elected for six-year terms. District Court judges serve terms of four years. The Attorney General and Clerk of the Supreme Court are other officers who are a part of the judicial branch. These officials are chosen by statewide election. In each county there is a County Attorney and a Sheriff. These law enforcement officers function as adjuncts of the judicial system in their respective areas.

## LOCAL GOVERNMENT\*

The growth of local government in Montana has kept pace with the overall development of the state. When Montana was organized as a separate territory, nine counties were created by the territorial legislature. By 1889, when Montana became a state, there were a total of sixteen counties. Since that time forty additional counties have been established bringing the present total to fifty six. Although incorporated cities in Montana are permitted to choose from among three optional forms of government, the commission, aldermanic and commission-manager plans, only the latter two are currently employed. Three Montana cities, Bozeman, Helena, and Missoula, have adopted the commission-manager plan of government and all of the remaining cities employ the aldermanic form.

Montana does not have provision for county home rule, but general laws provide Montana counties with the option of adopting a county-manager form of government. If a county does not, by special election, adopt the county-manager plan, it operates under the general laws otherwise governing counties.

Counties of Montana are in seven classes:

1st Class - Those counties having taxable property valued over \$50,000,000.

2nd Class - Those counties having taxable property valued between \$30,000,000 and \$50,000,000.

3rd Class - Those counties having taxable property valued between \$20,000,000 and \$30,000,000.

4th Class - Those counties having taxable property valued between \$15,000,000 and \$20,000,000.

5th Class - Those counties having taxable property valued between \$10,000,000 and \$15,000,000.

6th Class - Those counties having taxable property valued between \$5,000,000 and \$10,000,000.

7th Class - Those counties having taxable property valued under \$5,000,000.

Elected county officers are Assessor, Board of Commissioners, Clerk of the District Court, Coroner, County Attorney, County Auditor (only in counties of the first four classes), County Clerk (ex officio, collector of taxes), County Superintendent of Schools, Public Administrator, Sheriff, Surveyor and Treasurer. The term of Commissioners is six years and all others are for four years.

Montana general laws provide for three alternative plans of municipal government: (1) Mayor-Council (alderman); (2) Commission; or

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\*The Montana Almanac, 1959-60, Missoula, Montana, Montana State University Press, 1958.



(3) Commission-Manager. Unless a municipal corporation by special election adopts either the Commission or the Commission-Manager Plan, it is organized under the general laws providing for the Mayor-Council (alderman) form of municipal government. Montana does not provide for municipal home rule whereby municipal corporations can organize under the charter of their own drafting.

Cities are classified on the basis of the latest decennial census. First class are those cities of 10,000 population or over, second class are those of at least 5,000 population but under 10,000; third class are those cities of at least 1,000 population but under 5,000. Towns include those municipal corporations of at least 300 population but under 1,000. A "municipal corporation" of over 1,000 population but under 2,500 may, by appropriate resolution of its legislative body, be classified as either a town or a city (third class).

State government relates to local governmental services in a variety of ways. For example, county welfare programs receive both supervision and consultation from the State Department of Public Welfare. The bulk of funds expended are state and federal except that general assistance funds are provided by the counties. There are thirty local welfare departments in the state and thirteen combined which serve some twenty-six counties.

In contrast, local health departments may be operated by county government on an entirely permissive basis. The county may set up a health unit by itself or as part of a multi-county health district. There are two city-county health departments which are located at Missoula and Great Falls. There are several communities that do not have full-time staffing or have staffing without a director.

The Warm Springs State Hospital is the only public mental hospital in the State. It is under the administrative supervision of the Department of Institutions. The Superintendent of the Warm Springs State Hospital is the Mental Health Authority and also serves as Director, Division of Mental Hygiene. The Department of Institutions also administers the Boulder River School and Hospital at Boulder, which is the state institution for the mentally retarded; the State Industrial School at Miles City; the Mountain View School for Girls at Helena; the Montana Children's Center at Twin Bridges; the Montana Center for the Aged at Lewistown; the Galen State Hospital at Galen; the Montana State Prison at Deer Lodge; and the Montana Veteran's Home at Columbia Falls.

The sources of revenue for the operation, maintenance and construction of facilities at the various institutions under the jurisdiction of the Department of Institutions is by legislative appropriations.

Section 80-1601 of the Revised Codes of Montana, 1947 Annotated, provides that the State Department of Institutions shall collect and process per diem payments for the care of residents in the following institutions:

1. Montana Children's Center
2. Warm Springs State Hospital



3. Boulder River School and Hospital
4. Galen State Hospital
5. Montana Veteran's Home
6. Montana Center for the Aged.

All per diem payments received by the Department are deposited in the state treasury to the credit of the general fund. If the resident is an Indian who is a ward of the Federal Government, the per diem charge is assessed against the appropriate agency of the Federal Government. A resident, or responsible person, may apply to the Department for permission to pay less than the per diem charge or none of the per diem charge.

Section 2 of Chapter 246, 1967 Montana Session Laws (Senate Bill No. 85), allows the Division of Mental Hygiene to receive from agencies of the government of the United States and other agencies, persons or groups of persons, associations, firms or corporations, grants of money, receipts from fees, gifts, supplies, materials and contributions for the development of mental health services within the State.

Section 4 of the Act allows the Division of Mental Hygiene to establish and conduct community comprehensive mental health centers, mental health clinics and other facilities in cities, towns and areas of the State for the purpose of aiding in the prevention, diagnosis and treatment of mental illness. Such centers, clinics or other facilities may be provided directly by state agencies or indirectly through contracts or cooperative arrangements with other agencies of government, regional, or local private or public agencies, private professional persons or hospitals, under rules and regulations promulgated and established by the Division of Mental Hygiene. State funds specifically appropriated for regional mental health service programs shall not exceed 50 percent of the total expenditures of the programs.

Section 5 of the Act provides for the establishment of mental health regions in the State Mental Health Plan which shall conform to the mental health regions as established in the State Mental Health Construction Plan promulgated by the State Department of Health and the Federal Community Mental Health Centers Act.

Section 5 of the Act also provides that upon the establishment of the mental health regions, the county commissioners in each of the various counties in the region shall designate a person from their respective county to serve as a representative of the county on a regional mental health board, which board shall be established under guidelines adopted by the Division of Mental Hygiene. The duties of any organized regional mental health board shall include (a) annual review and evaluation of mental health needs and services within said region; (b) submission to the Division of Mental Hygiene and to each of the participating counties within the region of plans and budget proposals to provide and support mental health services within the region; (c) establishment of a recommended proportionate level of financial participation by each of the counties involved in the provision of mental health service within the limits of



this section; (d) receipt and administration of such moneys and other support as are made available for the purpose of providing mental health services by the participating agencies, including grants from the United States Government and other agencies, receipts for established fees for services rendered, tax moneys, gifts, donations and other support.

All funds so received by the Board shall be used to carry out the purposes of providing facilities and services for the mentally ill.

Chapter 246, 1967 Montana Session Laws (Senate Bill No. 85), appears in the Appendix of this Plan.

#### GEOGRAPHICAL AND TOPOGRAPHICAL CHARACTERISTICS\*

Montana is located in northwestern United States. It is bounded on the north by Canada, the east by North and South Dakota, the south by Wyoming, and the south and west by Idaho. The total distance along the boundary is 1,943 miles.

The total area (land and water) is 147,138 sq. mi.; land only 145,736 sq. mi. Montana is the fourth largest state in the Union. A true concept of the size of Montana is gained when it is realized that its land area is greater than that of the New England States, New York, New Jersey, Maryland, and Delaware combined, and is more than three times that of Pennsylvania. The geographical center is in Fergus County, 12 miles west of Lewistown. The extreme length of the state is about 550 miles (east-west) and the extreme breadth is about 325 miles (north-south). There are fifty-six counties in the state plus a small portion of Yellowstone Park. The largest county is Beaverhead with a total area of 5,556 sq. mi. The smallest county is Silver Bow with 716 sq. mi.

Montana was aptly named by James M. Ashley, for it contains extensive areas of "mountainous regions." The Rocky Mountains, wider here than to the south, sprawl across the western portion of the state in long, generally parallel, northwest trending chains that occupy about one-third (49,000 sq. mi.) of the area of the state. Within this rugged, generally forested region are found twenty-five or more ranges between which are located many basins and valleys, the larger of which are ten to twenty miles wide and twenty-five to one hundred miles long. In the southwest, forming the natural boundary between Montana and Idaho are the Centennial and Beaverhead Ranges; in the west, the Bitter Root Range rises from the Bitter Root Valley. To the north the mountainous topography is continued by the Cabinet Range and the Purcell Mountains which also lie along the western border of the state. North of the Bitter Root Valley lie the Flathead Valley, Flathead Lake and the Mission Range and the spectacular glacially-carved mountains and glaciers of Glacier National Park. Stretching eastward and southwestward into the Yellowstone National Park area, and forming the eastern boundary of this Rocky Mountain region are the Lewis Range the Big Belt and Little Belt Mountains, the Crazy Mountains and the northern end of the Absaroka Range. The Rocky Mountains form the Continental Divide. The Divide enters the state from Canada in Glacier National Park, and after pursuing a sinuous course through the western counties, forms

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\*The Montana Almanac, 1959-60, Missoula, Montana, Montana State University Press, 1958.



the natural line of demarcation between Montana and Idaho for the southern third of that boundary. The Continental Divide has had several important consequences. First, transportation routes have been forced to converge on a few passes, the most important of which are Marias Pass (elevation 5,216 ft.), through which the Great Northern Railway and U.S. Highway 2 are routed; Rogers Pass (elevation 5,609 ft.), through which State Highway 20 is routed; MacDonald Pass (elevation 6,325 ft.), through which U.S. Highway 10 N is routed; Pipestone Pass (elevation 6,418 ft.), through which the Chicago, Milwaukee, St. Paul, and Pacific Railway and U.S. Highway 10 S are routed; Lost Trail Pass (elevation 7,244 ft.), through which U.S. Highway 93 is routed; Monida Pass (elevation 6,923 ft.), through which the Union Pacific Railway and U.S. Highway 91 are routed; Targhee Pass (elevation 7,078 ft.), through which U.S. Highway 191, furnishing access to the West Entrance to the Yellowstone National Park, is routed. Second, the Divide controls the drainage pattern; to the west the waters flow to the Pacific Ocean via the Columbia River and to the east to the Gulf of Mexico via the Missouri-Mississippi River. Third, the Divide and associated mountains exert an influence on Montana's climate; to the west is felt the semi-maritime influence of the Pacific Ocean while to the east the continental influence is dominant.

Stretching across the eastern two-thirds of the State are the Great Plains. Commencing as broad piedmont slopes, more than 3,500 ft. above sea level, the Plains slope gently from the foothills of the Rockies toward the northeastern portion of the State where elevations as low as 1,900 ft. are found along the course of the Missouri River. The stark vastness of the Plains is broken by prominent isolated mountainous areas such as the Bear Paw, Little Rocky, Highwood, Moccasin, Judith, Big Snowy, and Big Horn mountains. The levelness of the Plains is further modified by the streams that have entrenched themselves in a dendritic pattern of broad fertile valleys paralleled by backstepped benches and bluffs.

The mean elevation of Montana is approximately 3,400 ft., the lowest for the Rocky Mountain states, although considerable areas, especially in the western region, have elevations in excess of 5,000 ft. The highest elevation, 12,850 ft., is the summit of Granite Peak in Park County, near the south-central boundary. There are four peaks in excess of 12,000 ft., thirteen in excess of 11,000 ft., and forty-eight in excess of 10,000 ft. The lowest elevation, 1,800 ft., occurs in Lincoln County in the northwest where the Kootenai River leaves the State.

Montana's large area and great differences in elevation and topography result in a highly diverse climate. While the lowest temperature ( $-70^{\circ}$ ) recorded in the United States occurred in Montana, temperatures in excess of 100 have also been recorded at most of Montana's meteorological stations. Although the annual and daily ranges in temperature are large, and quite low temperatures have occurred, these extremes are unusual. Actually, the climates of Montana's larger cities, during the winter months, are on the average warmer than, or comparable to, those of several major mid-western cities. Average daytime temperatures vary from an average 28 in January to 84.5 in July. Average annual rainfall throughout the State is 15 inches and varies from a minimum of 9.69 inches to over 100 inches on some mountain tops..



## POPULATION DISTRIBUTION

Montana is a state of great expanses and relatively few people. According to the U.S. Bureau of Census, Series P-25, No. 380, dated November 24, 1967, the provisional estimate of civilian population for Montana as of July 1, 1967, is 691,000. The projected civilian population as of 1973, based on U.S. Bureau of Census Illustrated Projections in their Series P-25, No. 380, dated November 24, 1967, is 738,000 for Montana. This also indicates that there will be 67,000 persons aged 65 and over as of 1967 and 70,000 in 1973. On the basis of a total population of 691,000 with an area of 145,736 sq. mi., density amounts to 4.74 persons per square mile. A map showing Montana counties for population distribution appears in Exhibit VIII.

In distributing the population among the counties, the Population Estimates for Montana for July 1, 1967, of the U.S. Bureau of the Census was used, as was their projection to 1973. The Population Estimates by county and region are shown in Exhibit IX. Since the Department of Health has been designated to develop construction plans for hospitals and medical facilities, the construction of community mental health centers, and the construction of mental retardation facilities, the same population figures are used in all three plans.

Due to the distinct topographical variation of Montana from the mountains in the west and the great plains east of the Continental Divide, Montana's counties are considered as being either in the mountain or a plains area. Accordingly, 18 counties are considered in mountain area while 38 counties are in the plains area.

"A Montana Plan for Mental Health Services" states "of the thirty-eight plains counties, eighteen show a decrease in their population. These eighteen counties, without exception, have continued to lose population since 1940 and most have shown a decreasing situation since 1920, some losing as much as 50 percent of their population during this period of time. The twenty remaining plains counties all have urban centers that have increased in population, thus either maintaining the total county populace at previous levels or causing the county to show an increase.

"Of the eighteen mountain counties, six showed a decrease in population. With the one exception of Silver Bow County, these six are classed in 1960 as 100 percent rural communities--their population either being rural, farm or rural nonfarm. The remaining twelve mountain counties all show an increase in population, with much the same pattern of urbanization found in the plains counties serving as the catalyst to growth. Overall, about 44 percent of the plains counties increased in population; progressive urban centers were unquestionably the determining factor in growth of county population."

Additional information relative to population distribution is to be found in the Comprehensive Mental Health Plan referred to above.

## PROMINENT INDUSTRIES

Agriculture ranks as Montana's most important economic activity. For



a period in excess of twenty-five years, farm income has ranged between 15 and 35 percent of total personal income in the State. In 1957 16.5 percent (\$209,000,000) of the total was farm income. In 1940 31.8 percent (58,973) of Montana's labor force was engaged in agriculture; in 1950 the figures were 28.4 percent (54,105). Estimates for the post-1950 years indicate a still smaller percentage. This decrease also evidenced in declining farm population is to be expected in view of the larger farm units and increased mechanization.

In 1954 there were 33,061 farms and ranches in Montana with an average size of 1,859 acres and an average value of land and buildings of \$43,108. Of the total land in farms (61,468,903 acres), 14 percent was crop land harvested, 76 percent was land pastured, and the remainder for the most part was in woodland or in cultivated summer fallow.

Forest industries occupied an important position in Montana's economy, especially in that portion of the state west of the Continental Divide. In 1957 an average of 7,300 Montanans were engaged in logging and in manufacturing lumber and other timber products. This area also produces considerable mineral wealth, livestock, and includes several areas of irrigated farm lands and some fruit production.

Although metal mining resources and activities are widely scattered throughout the state, there is a heavy concentration in Silver Bow County in which the Butte district is located. In 1957 Silver Bow County, site of the Anaconda Company operations, produced almost 100 percent of the copper output of the State; 85 percent of the zinc; 72 percent of the lead; 91 percent of the silver; and 83 percent of the gold. Among the noteworthy recent developments in Montana has been the mining of large tonnages of low grade ore in the Butte district by block-caving and open pit methods. A large concentrator is located at Butte with smelters being located at Anaconda and Great Falls. A lead smelter operated by the American Smelting and Refining Company is located at East Helena. A zinc recovery plant is also operated in conjunction with the smelting operations for the production of zinc oxide which is used in the paint and other industries.

An aluminum plant near Columbia Falls in Flathead County was recently placed into operation by the Anaconda Aluminum Company, a subsidiary of the Anaconda Company. A new aluminum rod rolling mill at Great Falls utilizes bars from the Columbia Falls plant.

East of the Continental Divide rolling plains support a "dry lands" agriculture which includes extensive wheat and sugar beet farming and livestock. There is also considerable petroleum production in this area. The total crude oil production in the State in 1957 amounted to approximately 27,215,000 barrels. While this output was only 1 percent of the total United States production, it was the highest ever recorded for the State and was over three times the 1947 output. Much of the oil produced in Montana is refined in the State. Some goes to mid-western refineries via the recently completed pipelines.

Natural gas produced in Montana in 1957 totaled 32,848,000,000 cubic feet. The Cut Bank field in Glacier County was the largest producer, followed by Cedar Creek, (Fallon County) and Heith (Liberty County). Most



of the major cities in the State have natural gas available for domestic and industrial use. Some of the gas consumed in the State is imported from Canadian fields.

There is a wide range in scale of manufacturing operations with small plants dominating. In 1954, 696 establishments had less than 20 employees of which 415 had less than 4; 136 establishments had 20 to 29 employees; and 36 establishments had 100 or more employees of which 12 had 250 or more employees and 5 had 500 or more. The larger plants (employing 250 or more) were lumber and wood products mills, plants manufacturing chemicals and allied products, a petroleum refinery, a sugar refinery and plants engaged in smelting and refining non-ferrous metals.

Montana has enormous natural resources for the production of electric power. These consist of both water and fuels such as oil, gas, and coal. At the present time most of the power generated in Montana is hydroelectric. There are 22 privately owned electric plants in Montana of which 15 are hydroelectric. There are three major publicly owned electric plants in Montana which produce more than one-half of the total hydroelectric power. Cheap electricity and the ready availability of water has led to the development of a sizable non-ferrous metals and chemical industry.

The tourist industry in Montana has been growing steadily and has become a major revenue producer. Major tourist attractions are Yellowstone and Glacier National Parks. Recreational activities in Montana cover a wide range. For the more active, there is camping, fishing, hunting, swimming, boating, riding, hiking, mountain climbing, and winter sports. For the spectator there are rodeos, horse shows, fairs and Indian festivities; and for the sight-seer there is magnificent scenery as well as many points of interest, historical and otherwise.

Transportation and communications are of extreme importance in Montana because of the great distances both within the State and to centers of activity in other parts of the nation.

Montana is served by three transcontinental railroads. The Northern Pacific, completed in 1883, was the first transcontinental railroad to be constructed through Montana. It follows a central and southern route via Glendive, Miles City, Billings, Livingston, Bozeman, Butte, or Helena and Missoula. The second transcontinental railroad was the Great Northern completed in 1893. It traverses the northern portion of the State via Glasgow, Havre, Shelby, and Libby, with principal side branches to Great Falls, Billings, and Butte. It also serves Glacier National Park. The third transcontinental system is the Chicago, Milwaukee, St. Paul and the Pacific completed in 1909. It parallels the Northern Pacific over a large portion of its length in eastern and western Montana but takes a more northerly route in the central portion through Roundup and Harlowton. This railroad no longer provides passenger service in Montana.

Other major railroads serving the State are the Chicago, Burlington and Quincy entering from Wyoming and connecting with Billings, and the Minneapolis, St. Paul and Sault St. Marie entering from North Dakota in the extreme northeast and extending to Whitetail. Connecting Butte and Anaconda and transporting primarily the products of mines is the Butte,



Anaconda and Pacific Railway. There are several other short lines serving Montana. Exhibit X shows Railroad Passenger Service Routes serving Montana.

Montana's highway system consists of 10,498 miles of paved urban, primary, secondary and interstate highways. These are maintained all year with several passes through which interstate highway systems traverse remaining open to traffic during all months of the year. East-west travel is by Interstate Highway Nos. 90 and 94 across the southern portion of the State; east of the Continental Divide U.S. Highways 12 and 87 serve the central portion of the State while U.S. Highway No. 2 traverses the northern portion of the State from east to west. North-south travel is somewhat restricted due to the mountains and the Missouri River. A map showing Montana's highway system appears as Exhibit XI.

While no county is without a primary road to and from the county seat, there are several areas in the State that have no bus service and residents must depend on personal transportation for travel. Exhibit XII shows Montana Bus Service Routes. Air travel is provided to major cities and communities in the State. Airlines serving Montana and Airline Service Routes appear on the map of Exhibit XIII.

#### SPECIAL PROBLEMS

The special problems relative to Mental Health planning for the State of Montana result partially from the basic geographical structure of the State. The presence of large sparsely populated land areas makes location of centers difficult and suggests that other approaches may have to be sought rather than a comprehensive Mental Health facility as an actual building located in some of these areas. The mountain barriers of the western part of the state preclude areas made up of contiguous counties. Moreover, this geographical distance with its subsequent divergent economic and cultural development has resulted in a marked variation in attitude toward mental illness and preparedness for the establishment of Community Mental Health Centers.

There is, moreover, sufficient divergence in economic level to make unlikely any uniform support of Mental Health facilities on a local level. There is also concern in many counties regarding their ability to provide more than minimal financial support on the local level for comprehensive Mental Health Centers. Finally, Mental Health planning in Montana is complicated by the lack of facilities and trained Mental Health personnel.

There are seven Indian Reservations in Montana. These are: Flathead, Blackfeet, Rocky Boy, Fort Belknap, Fort Peck, Crow and Tongue River. In 1945, the first Hutterite groups arrived from Canada and there are now several colonies in Montana. The locations of Indian Reservations and Hutterite Colonies are contained in the description of each Mental Health Region.

These special problems have been taken into account throughout the construction program and will have to be continuously reflected in actual service program planning and implementation in the years ahead.





CHAPTER IV

CONSTRUCTION  
PROGRAM



## CHAPTER IV

### CONSTRUCTION PROGRAM

#### A - AREAS, OR MENTAL HEALTH REGIONS

The State has been divided into service areas in accordance with the provisions of Public Law 88-164. In doing so, it is recognized that no division can be made which will satisfy all of the needs of each community in the State and still follow the established guidelines and consider important factors such as the boundaries of local units of government. However, careful attention has been given to such important considerations as population, trade areas, geographic regions and natural barriers, location of urban centers, transportation routes and availability of qualified personnel and facilities. In a state which has many sparsely populated areas, it becomes expedient to consider the needs regardless of the population in the area, but fortunately it has not been necessary to deviate greatly from the basic population criteria for any area.

The Federal Regulations under Title II, Public Law 88-164, Part 54, Sub-Part C - Grants for Construction of Community Mental Health Centers, Section 54.203, (2) states that the state plan shall provide that every community mental health facility shall serve a population of not less than 75,000 and not more than 200,000 persons except that the Surgeon General may, in particular cases, permit modifications of this population range if he finds that such modifications will not impair the effectiveness of the services to be provided.

The Comprehensive Mental Health Plan entitled, "A Montana Plan for Mental Health Services," page 220 states: "The concept of dividing Montana into the three noted districts, (see Map 9.1), with selected cities as possible sites for comprehensive Mental Health Centers, evolved after considerable effort from both statistical and less objective evaluatory methods was expended. It might appear from cursory examination that three districts, for a geographical area as large as Montana, are not nearly enough. However, when considered in the light of other delimiting factors, e.g., population served, transportation, service areas, etc., these districts as delineated are, in the opinion of the Planning Committee, the most practical that can be presented at this time. Any plans that is to be truly "comprehensive" for Montana must be cognizant of the problems of the state's rural population as well as the urban. In the opinion of the Planning Committee, these districts as outlined consider the needs of Montana and her people as well as can be done for the present, and for the predictable future."

The three districts or regions described above were shown as having populations as follows: Western (Missoula) 207,831; Northern (Great Falls) 244,428; and Southern (Billings) 222,461. Since the populations of these regions exceed the population requirements of Section 54.203 of the Federal Regulations, it was necessary to delineate regions conforming with the requirements of the Regulations. After conferring with the Montana



Mental Health Authority, it was determined to delineate five regions with populations conforming to those specified in the Federal Regulations. These five regions are very similar to the regions used under the Hill-Burton State Plan for Hospital and Medical Facilities Construction. The rationale used in arriving at the divisions is stated briefly in the discussion concerning each area.

For Mental Health planning, county boundaries have been followed since various mental health services are now administered through county boards and officers. Also, the county has historically assumed a more significant role in Montana than in other parts of the country, and the importance of this unit of local government has become greater with the expansion of urban areas beyond the limits of municipalities.

A map showing the five Mental Health Regions developed for the planning of the construction of Community Mental Health Centers appears as Exhibit XIV. It should be noted that each region, with the exception of Region V, contains within its boundaries a Mental Health Clinic (although such clinics do not in all cases serve all counties within their respective regions). Each region contains at least one institution of higher learning with the exception again of Region V which has junior colleges only, located at Miles City and Glendive. Finally, each region has at least a few general hospitals as well as organized local medical societies although not all counties have physicians.

Each region has at least a few reasonably populated cities and towns which already serve as economic and medical centers. Each region has at least 100,000 persons with the largest having 153,700 persons which meets the requirements of the Federal Regulations which require that the Community Mental Health facilities serve not less than 75,000 and not more than 200,000 persons.

Exhibit VIII gives the population estimates of the various regions and their component counties. Exhibits X, XI, XII, & XIII show the major transportation systems within the five regions.

It is recognized that Mental Health needs vary considerably from those in the general hospital service area. While the services required for the emotionally disturbed and the mentally ill are much more diversified, it is obvious that communities will plan to utilize the services of the general hospitals for inpatient care. To this end hospitals in the larger communities should provide facilities and services for inpatient utilization.

Since the discussion of the general characteristics of the State includes a somewhat detailed review of topographical features and significance, the discussion of each area which follows this introductory statement contains a review of geographic and topographic features only when they are of major significance in planning local programs.

#### REGION I - WESTERN

This region is composed of the entire counties of Lincoln, Flathead, Lake, Sanders, Mineral, Missoula, and Ravalli Counties. This region has



an estimated population of 129,400 with a projected population of 139,300 in 1973. The estimated number of persons aged 65 and over is 13,857 with a projection of 14,980 in 1973.

This region is composed of some of the most rugged terrain in the United States. The transportation routes run along the valleys parallel to the mountain ranges. East-west travel in the northern portion of the region serving Lincoln and Flathead Counties is U.S. Highway No. 2. The central portion consisting of Missoula and Mineral Counties is served by Interstate 90 for east-west travel, while U.S. No. 10A serves Missoula and Sanders Counties for east-west travel. North-south travel is by U.S. Highway 93 through Ravalli, Missoula, Lake, and Flathead Counties. Railroad service in the northern portion of the region, Lincoln and Flathead Counties, is by the Great Northern Railway which has two trains daily traveling east and west, in both directions. These are transcontinental trains between Seattle, Portland, and Chicago. Missoula and Sanders Counties are served by two trains daily going both directions east and west between Seattle, Portland, and Chicago. The city of Missoula is served by the Northwest Airlines for east-west travel and also one flight between Missoula and Great Falls. Kalispell is served by the West Coast Airlines providing service between the Pacific Northwest and Great Falls, Montana. Bus service to the greater part of the area is provided in both east-west and north-south directions.

With minor exceptions, industry is confined to lumber, wood products, limited mining, agriculture, fruit growing, livestock, dairying and manufacturing. Missoula is the trade center for western Montana and is the location of the University of Montana and the U.S. Forest Service. It is also considered as a medical center for western Montana.

The Flathead Indian Reservation is located in this region.

#### REGION II - NORTHERN

This area is comprised of Glacier, Toole, Pondera, Liberty, Hill, Blaine, Teton, Chouteau, Cascade, and Judith Basin Counties. The estimated population of the region is 153,700 with a projected population of 170,400 in 1973. There are an estimated 12,468 persons aged 65 and over, as of July, 1967, with 12,650 being projected to 1973. This area lies east of the Continental Divide, is relatively flat, and the beginning of the Great Plains.

The area has diversified industries, including agriculture, livestock, smelting, flour milling, oil refining, and some manufacturing. There are two major population centers in this region--Great Falls and Havre.

Great Falls is the largest city in the State of Montana. Located at Great Falls are the College of Great Falls, Smelter and Electrolytic Plant of the Anaconda Mining Company, and Malmstrom Air Force Base. The Montana Power Company has a series of dams for the generation of electric power. Great Falls is the trade center for northern Montana and is also considered as the medical center for this region. Havre is the second largest city in the region and is a division point on the Great Northern Railroad. The Northern Montana College is located at Havre.



Travel is mostly in an east-west or west-east direction with travel to the south restricted by the Missouri River, there being only one main highway between Great Falls and Wolf Point that crosses the River. The highway system consists of U. S. No. 2 for east-west travel and Highways 89, 91, and 87 for north-south travel. The only other north-south highway is U.S. 191 from Lewistown to Malta. Railroad passenger service is by the Great Northern Railroad which operates two transcontinental trains daily in both directions, east and west. There is generally good bus service in this area. Great Falls serves as the hub for airline service in Montana, being served by four airlines for travel in all directions. Frontier Airlines operates between Great Falls, Havre, Glasgow, Wolf Point, Sidney and points in North and South Dakota.

There are three Indian Reservations in this region: The Blackfeet in Glacier County, the Rocky Boy in Hill County and the Fort Belknap in Blaine County. This region also has a concentration of Hutterite Colonies, there being three in Teton County, two in Toole County, and one each in Pondera, Glacier, Liberty, Hill, and Blaine Counties.

### REGION III - SOUTHWESTERN

This region consists of Lewis and Clark, Jefferson, Broadwater, Meagher, Powell, Granite, Deer Lodge, Silver Bow, Beaverhead, Madison, and Gallatin Counties. It has an estimated population of 152,200 with a projected population of 163,900 in 1973. There is an estimated population of 15,992 persons aged 65 and over as of July 1967 and projected to 16,380 in 1973.

This area lies predominantly east of the Continental Divide and is mostly in mountainous areas. Here, again, the transportation routes run along the valleys parallel to the mountain ranges. The main trade centers in this area are Butte, Helena, and Bozeman. The industries in the region include agriculture, livestock, meat packing, smelting, oil products distribution, mining, logging and lumber products, and some manufacturing.

The largest city in the region is Butte. The operations of the Anaconda Copper Mining Company are at Butte and Anaconda. These include mining, milling, smelting and refining. Other industries include agriculture, livestock, meat packing, logging and wood products, and some manufacturing. The Montana College of Mineral Science and Technology (formerly Montana School of Mines) is located at Butte. It is also the trade center and medical center in the area.

Helena is the second largest city in the region. It is the location of the State Capitol and various Federal Offices. The Veteran's Administration operates a hospital at Fort Harrison (approximately six miles west of Helena). Helena is also the location of Carroll College.

Bozeman is the third largest city in the region and is the location of the Montana State University.

There are good highways between cities and towns in the area. East-west highways include Interstate 90 and U.S. Highway 12 and 287. North-south travel is by Interstate 15, U.S. 91, 287, and 10. Railroad passenger



service is by the Northern Pacific Railroad for travel east and west, while the Union Pacific operates south to Salt Lake City from Butte. Airline service in all directions is available by Western Airlines and Northwest Airlines from Helena, Butte, and Bozeman.

There are two Hutterite Colonies located in Meagher County, one near White Sulphur Springs and one near Martindale.

#### REGION IV - SOUTH CENTRAL

This region includes Fergus, Petroleum, Wheatland, Park, Sweet Grass, Golden Valley, Musselshell, Stillwater, Yellowstone, Treasure, Carbon, and Big Horn Counties. This area comprises both mountainous and plains areas with good transportation routes. It has an estimated population of 144,600 with a projected population of 160,200 in 1973. There is an estimated 13,963 persons aged 65 and over as of July 1967. The projected number in 1973 is 14,780.

The area has diversified industries including agriculture, livestock, livestock marketing, meat packing, sugar refining, oil refining, trucking, mining, and some manufacturing.

The largest city in the area is Billings. It is the medical center and trade center for south central Montana and northern Wyoming. Billings is also the home of Eastern Montana College and the Rocky Mountain College. The larger communities in the region are Lewistown and Livingston. Other communities, though somewhat smaller, are Big Timber, Columbus, Red Lodge, and Harlowton, Roundup and Hardin.

Travel, in general, is good by highways which include Interstate No. 90 and 94, and U.S. 12 for east-west travel, and for north-south travel U.S. Highway 89, 212, 310, 87, and 191. East-west railroad travel is by the Northern Pacific Railway, while travel to the south is by the Burlington Railroad. Air service is provided by Frontier Airlines and Northwest Airlines into Billings for service in all directions. Lewistown is served by Frontier Airlines. Bus service in the area is also good.

A Hutterite Colony is located near Harlowton in Wheatland County. The Crow Indian Reservation and a portion of the Tongue River Indian Reservation are located in Big Horn County.

#### REGION V - EASTERN

This region consists of Phillips, Valley, Daniels, Sheridan, Roosevelt, McCone, Richland, Dawson, Prairie, Wibaux, Garfield, Rosebud, Custer, Fallong, Powder River, and Carter Counties. This is relatively plains area with generally good travel routes. It has an estimated population of 111,100 with a projection of 104,200 in 1973. There are an estimated 10,720 persons aged 65 and over as of July 1967, projected to 11,210 in 1973.

The chief industries in the area are agriculture, livestock, sugar beet growing, sugar refining and oil production. The larger communities in the area are Miles City, Glendive, Glasgow, and Sidney.



The area in general is served by good travel routes. However, Garfield, Powder River, and Carter counties are somewhat isolated. The only means of travel is by highway. East-west highways include Interstate No. 90 and U.S. 12. The northern portion is served by U.S. No. 2. The north-south travel in the northern portion of the region is by State Route 247, 13, 16, and 24. The southern portion of the region is served by U.S. 212, 312, and State Routes 7 and 22. Garfield, Powder River, and Carter Counties have no bus, railroad, or air service. Frontier Airlines provides service to Miles City, Glendive, Sidney, and Glasgow.

There are two junior colleges in the region, one being located at Miles City, and the other at Glendive. A Veteran's Administration Hospital is located at Miles City.

The Fort Peck Indian Reservation is located mostly in Roosevelt County with portions in Valley, Daniels, and Sheridan Counties. A portion of the Tongue River Reservation is located in Rosebud County.

The development of the oil fields in Powder River County has brought an influx of workers to that area.

## B - INVENTORY OF FACILITIES

Section 204(a), (4) of Public Law 88-164, Title II, states that the State Plan must set forth a program for construction of Community Mental Health Centers which is based on a state-wide inventory of existing facilities, and survey of need. For purposes of the State Plan, the inventory consists of psychiatric facilities, other mental health facilities, auxiliary facilities, and manpower.

A psychiatric facility is an organization which has as its primary concern the care, treatment, and rehabilitation of the mentally ill or retarded, in which there are psychiatrists who assume medical responsibility for all patients with a primary diagnosis of mental disorder. The inventory of psychiatric facilities appears in Exhibit XVI. The area summary of psychiatric facilities appears in Exhibit XVI.

Other mental health facilities differ from psychiatric facilities only by the fact that they do not have psychiatrists who assume medical responsibility for all patients with a primary diagnosis of mental disorder. The inventory of these facilities appears in Exhibit XVI.

The third category, auxiliary facilities, are not inventoried at this time since it is not possible to develop a meaningful inventory of these facilities. Auxiliary facilities are those which often play an important role in the care, treatment and rehabilitation of the mentally ill and include such facilities as sheltered workshops, nursing homes, foster homes, and chronic disease hospitals.

The Inventory of Manpower, Exhibit XVI lists the number of psychiatrists, psychologists, social workers, mental health nurses and psychiatric aides. These figures reflect the number of mental health professionals within mental health settings or employed in mental health capacities.



It does not include psychologists and social workers who are not working in mental health capacities.

The following is a brief summary of the facilities in each region of the State:

REGION I, WESTERN MONTANA MENTAL HEALTH REGION.

This region is served by the Missoula Mental Hygiene Clinic which is located in the University Health Center of the University of Montana at Missoula. At the present time the staffing is by a part-time psychiatrist, two part-time psychologists, three full-time social workers, and one Registered Nurse. The St. Patrick Hospital at Missoula reports that they do not have facilities for mental-nervous or tuberculosis and disease-of-chest patients.

REGION II, NORTHERN MONTANA MENTAL HEALTH REGION.

This region is served by the Mental Health Clinic at Great Falls which is staffed by a full-time psychiatrist, a full-time psychologist and two social workers. Inpatient services are provided at the Montana Deaconess Hospital at Great Falls, which contains a 36-bed psychiatric unit on a separate floor. The four psychiatrists located in Great Falls are on the hospital staff. The psychiatric unit is staffed by seven full-time and five part-time nurses and six full-time psychiatric aides. Other professional staff include three full-time and one part-time person.

REGION III, SOUTHWESTERN MONTANA MENTAL HEALTH REGION.

This region has the highest concentration of mental health facilities in the State, with the Warm Springs State Hospital which serves on a state-wide basis, and mental hygiene clinics at Butte and Helena.

The Warm Springs State Hospital is staffed by nine full-time psychiatrists, four full-time psychologists, eight full-time social workers, 26 full-time and seven part-time nurses. There are 302 psychiatric aides, 24 licensed practical nurses, three physicians, four occupational therapists, and seven occupational therapy aides. Part-time staffing also includes one dentist and three physicians.

A survey of the State Hospital was conducted on October 27 and 28, 1964, and this showed that on the basis of 70 sq. ft. per bed, the hospital has a capacity of 1,467 beds. The minimum area requirements per bed were based upon "Standards for Hospitals and Clinics" of the American Psychiatric Association. At that time those beds which conformed to fire and structural regulations and to space allocation standards set by the American Psychiatric Association numbered 456.

Patients are housed in 17 buildings which were constructed between the years 1904 and 1949. The receiving hospital, the newest patient facility, was completed in 1959. In applying Hill-Harris modernization standards to the hospital, there are 1,343 beds which are non-conforming, leaving 136 beds conforming. Several of these buildings are of ordinary construction and are in need of complete replacement.



The Mental Hygiene Clinic, 41 East Woolman Street, Butte, is an outpatient clinic with part-time staffing furnished by the State Hospital, consisting of two part-time psychiatrists, two part-time psychologists and two part-time social workers. This represents a total of 44 professional man hours per week.

The Mental Hygiene Clinic of Helena is located at 1417 Helena Avenue. This is an outpatient clinic staffed by a full-time psychiatrist and a full-time psychologist.

The new St. Peter's Hospital, opened in February of 1968 at Helena, has a 10-bed psychiatric unit.

#### REGION IV, SOUTH CENTRAL MONTANA MENTAL HEALTH REGION.

This region is served by the Billings Mental Hygiene Clinic located at 2911 Eighth Avenue North and by a psychiatric unit in the Billings Deaconess Hospital.

The Billings Mental Hygiene Clinic is an outpatient clinic staffed by a full-time psychiatrist, a full-time psychologist and a full-time social worker. The Billings Deaconess Hospital has an 8-bed psychiatric unit, which is staffed by two part-time nurses, two part-time R.N. trainees, and four full-time and three part-time psychiatric aides. There are four psychiatrists in practice in Billings who serve on the hospital's medical staff.

#### REGION V, EASTERN MONTANA MENTAL HEALTH REGION.

The Eastmont Regional Mental Health Center is in operation and is recruiting additional staff to augment the one part-time psychiatrist, two full-time psychologists now employed.

### C - SURVEY OF NEED AND RANKING OF AREAS

It is required that the State Plan shall rank the areas of the State according to their relative need for community mental health services. "Relative need" refers to the degree to which the mental health needs of an area are unanswered by the existing resources.

A memorandum dated October 20, 1966 from the Director, National Institute of Mental Health to Regional Health Directors outlined a procedure to be followed by the states for an approvable priority system. This was further amplified by a letter dated July 10, 1968 from the consultant in Clinical Psychology, Department of Health, Education, and Welfare, Regional Office, Denver, Colorado. These references required that the general requirements for survey of need and ranking of areas be followed and that as a minimum the four following categories be considered:

#### 1. Population Characteristics

(a) Population density per square mile. Information regarding the land area in square miles for each Montana county was obtained from



Table 6 of the Montana Volume of the 1960 Federal Census. County populations used were those estimated by the Bureau of the Census for July, 1967 and 1973. Population density was computed by dividing the estimated population of the county by the land area in square miles. In computing the mean population density for mental health regions, a weighted average was used. This involved multiplying the population density for each county by the land area of the county. The sum of the county products was then divided by the total land area in square miles for the region. This was done so that the population density for both large and small counties would be properly represented in the average. The regional population densities were then ranked; the highest density was given a rank of 1, indicating the greatest need.

(b) Dependency ratio. The dependency ratio is the sum of the population under 15 and over 64 divided by the number of people aged 15 through 64. Estimates on county populations by age were obtained from the Bureau of the Census projections. The ratio was calculated for each county. Regional dependency ratios were calculated by weighting the dependency ratio by the population aged 15 through 64 for each county. The weighting was accomplished by multiplying the dependency ratio for each county by the county population aged 15 through 64. The sum of these products for all counties in a region was divided by the total population aged 15 through 64 for the region. Regional mental health dependency ratios were ordered with the highest value given the rank of 1 indicating the greatest need.

(c) Population per household. The average number of persons living in each household for each county was obtained from Sales Management, June 10, 1966. The average number of households per mental health region was obtained by weighting county data. This was done by multiplying the population per household for each county by the number of households in the county. The sum of the county products for each region was divided by the total number of households in the region. The populations per household for mental health regions were ordered with the highest value given the rank of 1, indicating the greatest need.

## 2. Socio Economic Characteristics

(a) Median family income. The median family income was obtained for each county in each region from Sales Management, June 10, 1966. Regional median incomes were computed by weighting the median incomes for each county by the county population. The weighting procedure used is similar to that employed in weighting the variables under population characteristics. The lowest value indicates the greatest need.

(b) Percent of families with income over \$3,000. Information regarding this variable was also obtained from Sales Management, June 10, 1966. The percentage was obtained by summing the number of families with incomes under \$3,000 and dividing this by the total number of families in the county. The quotient was then multiplied by 100. Regional values were obtained by weighting county values by the number of families. The weighting procedure used followed that explained above. This variable was ranked so that the region with the lowest value was assigned rank 1.

(c) Median education level of adults 25 years and older. This



variable was again from the 1960 Census Report. Since the median education for all persons 25 years of age and over is not given for each county, it was necessary to compute this value. This was done by multiplying the median school years completed for males 25 years of age and over, by the number of males in this age group. To this was added the median school years completed for females multiplied by the number of females 25 years of age and over. The sum of these products for both sexes in each county was divided by the total number of persons 25 years of age and over in the county. This procedure was employed in order to assure that the median school years completed for each county properly reflected the sex distribution of the county.

The median school years completed for each region was calculated by weighting the median school years completed for each county by the number of persons 25 years of age and over in the county. This variable was ranked so that the low value received 1, indicating greatest need.

### 3. Mental Health Resources

(a) Mental health facility measure. The National Institute of Mental Health recommended that this be determined on the rate of inpatients under care in all inpatient facilities listed in the inventory per 1,000 population of the catchment area and the rate of patients under care in outpatient clinics and community mental health facilities per 1,000 population of the catchment area. In developing the inventory of mental health facilities, it was requested that each facility report the number of both inpatients and outpatients by place of residence. Since all of these facilities were unable to give a breakdown of the number of patients by place of residence, it was not possible to use this variable. In lieu of this, a variable of the number of clinics in each region was used, as were the established or proposed community mental health centers. On this basis, the variables were rated so that the low value ranked 1, indicating the greatest need.

(b) Number of professional manpower per 1,000 residents of the catchment area. In this variable the number of professional manpower (psychiatrists, psychologists, and social workers) was determined for each region with the number of each profession divided by the population of the region. The manpower data was taken from the State-wide Inventory of Manpower, Exhibit XVI. In each of the professions the lowest value was ranked 1, indicating the greatest need and the sum for each region determined. Here, again, the low value was ranked 1, indicating greatest need.

### 4. Social Problem Indicators

(a) Relief or welfare recipients. The number of welfare recipients in each county was obtained from the "Statistical Report" of the Montana Department of Public Welfare. Data used was for the month of November, 1968. The sum of the number of welfare recipients was divided by the estimated population for each county multiplied by 1,000 to obtain a rate per 1,000 population. These rates were weighted by total county population in obtaining average rates for mental health regions. The weighting procedure used was similar to that explained previously. The highest value was ranked 1, indicating greatest need.



(b) Infant mortality. Infant mortality rates for 1968 for Montana counties were obtained from the Division of Records and Statistics of the State Department of Health. The infant mortality rate is the number of deaths under one year of age divided by the number of live births during the same period. This quotient is multiplied by 1,000. This gives the number of infant deaths per 1,000 live births. To obtain infant death rates for mental health regions, the county infant death rates were weighted by number of live births during the period. The highest infant death rate was ranked 1, indicating greatest need.

(c) Suicide and homicide rates. The suicide and homicide rates per 100,000 population for each county for 1968 were obtained from the Division of Records and Statistics of the State Department of Health. Again, a weighted average for each cause was calculated for each region utilizing total county population as the weighting factor. The weighting procedure is similar to that described previously. Each variable was ranked by region. The highest rate received rank 1, showing the greatest need.

The final priority determination was reached by taking the sum of ranks of all variables by region. Since no reason could be seen for giving one variable more weight than another, the variables were assigned an equal weight of 1. The lowest sum receiving a rank of 1 indicated greatest need and thus the highest priority. Where the sum of ranks for regions were equal, the regions were given equal rank.

The statistical data applied to the variables, ranking of variables, and priority system summary appear in Exhibits XVIII A,B,C,D, & E.

With the priority for projects based on a ranking of relative need, construction projects from each region will be approved as follows:

Region V, Eastern . . . . .	1
Region I, Western . . . . .	2
Region II, Northern . . . . .	3
Region III, Southwestern. . . .	3
Region IV, South Central. . . .	4

#### D - PROBABLE LOCATION OF, AND RELATIVE NEED FOR, PROJECTS.

The Federal Regulations in Section 54.203 state that the State Plan shall provide for the following elements of service which are necessary to provide adequate mental health services for persons residing in the State, which shall constitute the elements of comprehensive mental health care services:

- (1) Inpatient services;
- (2) Outpatient services;
- (3) Partial hospitalization services, such as day care, night care, weekend care;
- (4) Emergency services 24 hours per day must be avail-

able within at least one of the first three services listed above;

- (5) Consultation and education services available to community agencies and professional personnel;
- (6) Diagnostic services;
- (7) Rehabilitative services, including vocational and educational programs;
- (8) Pre-care and after-care services in the community, including foster home placement, home visiting and half-way houses;
- (9) Training;
- (10) Research and evaluation.

Public Law 88-164 in Section 401(c) states "The term community mental health center means a facility providing services for the prevention or diagnosis of mental illness or care and treatment of mentally ill patients or rehabilitation of such persons which services are provided principally for persons residing in a particular community or communities in or near which the facility is situated."

This definition is expanded in the Federal Regulations under Section 54.201 which states "Community mental health facility means a community mental health center (as defined in Section 401(c) of the Act) for the provision of services which, either alone or in conjunction with other facilities owned or operated by the applicant or affiliated or associated with the applicant, will be part of a program providing, principally for persons residing in a particular community or communities in or near which the center is situated, at least those essential elements of comprehensive mental health services that are prescribed by Section 54.212."

The essential elements of comprehensive mental health services as given in Section 54.212 of the Federal Regulations are:

- (1) Inpatient services;
- (2) Outpatient services;
- (3) Partial hospitalization services--must include at least day-care service;
- (4) Emergency services provided 24 hours per day must be available within at least one of the first three services listed above;
- (5) Consultation and education services available to community agencies and professional personnel.



From the above it follows that a regional mental health center must provide all essential elements of service.

A mental health clinic, in contrast to a community mental health center, is one that provides at least two of the essential elements of comprehensive mental health services.

In order to insure that the services of a facility are part of a program, the Regulations state, "To the extent that the services to be provided within the proposed facility do not constitute a program providing at least the essential elements of comprehensive mental health services, the application shall demonstrate to the satisfaction of the Surgeon General that the services to be provided within the proposed facility will be part of such a program."

A program for providing at least the essential elements of comprehensive mental health services must take into consideration the needs of all age groups, assure continuity of care for patients and assure that the relationship between the individual elements of the services meets the following criteria:

1. (a) That any person eligible for treatment within any one element of service will also be eligible for treatment within any other element of service;
  - (b) That any patient within any one element can and will be transferred without delay to any other element (provided that adequate space is available) whenever such a transfer is indicated by the patient's clinical needs;
  - (c) The clinical information concerning a patient which was obtained within one element be made available to those responsible for that patient's treatment within any other element;
  - (d) That those responsible for a patient's care within one element can, when practicable and when not clinically contraindicated, continue to care for that patient within any of the other elements; and,
  - (e) In cases where two or more of the individual elements of services are provided by different organizations, agencies, or persons, the relationships between the individual elements must be evidenced by appropriate contracts or other formal written agreements (copies of which must accompany the application) among the various organizations, agencies, or persons which make specific provisions for assuring compliance with the criteria set forth in this section.
2. That a qualified psychiatrist will be responsible for the clinical program, and the medical responsibility for every patient will be vested in a physician.



3. That general practitioners and other non-psychiatric physicians in the community served by the program will be allowed, when qualified, to follow and assist in the care of their patients on the various services of the program provided they are working under the supervision of a member of the psychiatric staff of the service.
4. That the services of the program will not be denied to any person residing within the area served solely on the ground that such person does not meet a requirement for a minimum period of residence in such area.

In addition to the foregoing, the Federal Regulations require that any facility constructed with Federal financial assistance under this Plan provide a community service and also provide needed services for persons unable to pay therefor.

Exhibit XVII shows a proposed coordinated plan for mental health services in Montana. This shows a goal to provide mental health services offering both readily available care and continuity of care. This is conceived in terms of providing care on a local basis with community programs in terms of relative distance between patient and service. It is local in terms of its planning and implementation and it is up to the individual communities to develop a project which will meet their own needs. Furthermore, it is local in terms of operation since the functioning community mental health center requires a close linkage with the other service agencies in the community. It is reasonable to expect that the community mental health center will have a close working relationship with a local general hospital.

The coordinated plan proposes community mental health centers at Missoula, Billings, Helena, or Butte and Great Falls in addition to the existing center at Glasgow.

Mental Health Clinics are now located at Missoula, Helena, Butte, Great Falls, and Billings, but it is planned that these will become branches of the Community Mental Health Centers with additional like facilities planned for Kalispell, Bozeman, and Havre.

The importance of the general hospital in the treatment of the mentally ill should not be overlooked. It is recognized that there are many problems which must be overcome as the general hospital expands its role in community mental health programs.

In a speech prepared for the 67th Annual Meeting, American Hospital Association at San Francisco, Alan I. Levenson, M.D., of the National Institute of Mental Health, stated, "There are many problems which must be overcome as the general hospital expands its role in community mental health programs. Inpatient care for the mentally ill presents some particularly pressing problems. Basically, the problems arise because the mental patient is ambulatory. Unlike the typical patient on the general, medical or surgical ward, the mental patient spends very little of his time in bed. Instead, his daily routine requires a considerable amount of



that most precious commodity of all--space. He needs space for a dayroom to provide for informal contacts with other patients. He needs a separate dining area in the unit itself, or in many cases, he is better served by having a central cafeteria. Outside the building, he needs grounds, at least for walking, and preferably he needs room for sports as well."

In this respect, three Montana hospitals already have psychiatric units, namely, Montana Deaconess Hospital, Great Falls; St. Peter's Hospital, Helena; and the Billings Deaconess Hospital, Billings. Also worthy of note is the fact that every community hospital in the state has an isolation room which also serves a dual purpose, namely, to take care of disturbed patients.

It must be remembered that inpatient care does not alone constitute a mental health center. To qualify for Federal funds for a comprehensive community mental health center, the full range of essential services must be provided. In some communities a group of agencies may be combined to provide them. In other communities, however, the mental health center may be entirely located within a general hospital. Under these circumstances it is necessary for the hospital to begin many entirely new programs. Outpatient services and emergency wards are familiar to the general hospital setting, but day care facilities and community consultation programs may be unfamiliar.

A day program involves providing services for patients during the day while they return home at night. It is quite possible for such a day program to be established simply as an administrative arrangement within the context of an ongoing inpatient psychiatric service. Under such an arrangement, the patients who live at the hospital would be joined during the day by others who come in only between the hours of 9 and 5. An alternate arrangement would be a completely separate day hospital unit with its own physical plant, and its own staff.

The same variety is also possible for psychiatric emergency services. In its simplest form such an emergency service consists of having a psychiatrist who is a member of the hospital staff available for emergency consultations on a 24-hour-a-day basis. Ready availability of service is one of the principal roles of a community mental health center.

It is obvious that a general hospital can introduce psychiatric emergency services and day programs into already ongoing functions. The same holds true for consultation services. General hospital psychiatric units have always provided consultation to other services in the hospital and this constitutes a very basic and a very important community consultation.

It must be recognized that every community mental health center will face the problem of providing staffing for its operations regardless of its organizational arrangements. In Montana, as in other states, there is a shortage of manpower for the staffing of mental health facilities, as can be seen in the State-Wide Inventory of Manpower, Exhibit XVI. It will therefore require community effort to attract professional people by making the community attractive and being willing to compete with other areas of the country on salary.



Public Law 89-105 authorizes grants to community mental health centers to cover a portion of the salary costs during the first 51 months of operation. The Federal funds can cover up to 75 percent of the technical and professional salaries during the first 15 months of a program's operation. This support is then reduced to 60 percent for the next 12 months, again to 45 percent for the following 12 months, and then is reduced to 30 percent for another 12 months.

Eligibility for staffing money is not determined by participation in the construction grant program. A community mental health center is eligible for staffing funds whether or not it was constructed with the help of Federal money. The use of Federal funds for construction is not a prerequisite for obtaining staffing funds.

Staffing money is available only for new services within the community mental health center. This requirement is obviously to encourage the development of facilities which provide a full range of essential services. This may well be of particular significance to the general hospital which plans to expand its psychiatric facilities to include the other elements of a community mental health center.

#### Probable Location of Projects

Exhibit VII suggests a coordinated plan for mental health services in Montana. The map shows the probable location of comprehensive mental health centers in each region. A brief description of each region with the construction priority rating assigned is as follows:

##### Region I - Western Montana Mental Health Region

This region is served by community hospitals at Libby, Whitefish, Kalispell, Hot Springs, Superior, Polson, Ronan, St. Ignatius, Missoula, and Hamilton. Nursing homes are located at Kalispell, Hot Springs, Polson, Ronan, St. Ignatius, Missoula, and Hamilton.

Missoula, since it is the trade and medical center for the region, and the location of the University of Montana, is the proposed location of a Community Mental Health Center which, with a branch unit at Kalispell could care for inpatients as well as outpatients. It is planned that a psychologist or social worker from these facilities would provide services, as needed, to Polson, Libby, Thompson Falls, and Hamilton. This region has priority 2 under this Plan.

##### Region II - Northern Montana Mental Health Region.

Each community in this region, with the exception of Chinook and Stanford, has a community hospital. Also, nursing homes are located at Cut Bank, Shelby, Chester, Havre, Harlem, Conrad, Fort Benton, Choteau, and Great Falls. The region is currently served by the Mental Hygiene Clinic, and the Psychiatric Unit of the Montana Deaconess Hospital, at Great Falls.

Great Falls is the trade and medical center of the region and is the proposed location of the Community Mental Health Center with satellite



facilities at Cut Bank and Havre with inpatient care available at all three sites. It is expected that private physicians will provide emergency care and that a psychologist or social worker will be made available, as needed, to all other areas. This region has priority 3 under this Plan.

#### Region III - Southwestern Montana Mental Health Region.

This region is served by community hospitals located in Helena, Deer Lodge, Philipsburg, Anaconda, Butte, Dillon, Sheridan, Ennis, Bozeman, Townsend, and White Sulphur Springs. Nursing homes are located at Helena, Anaconda, Butte, Sheridan, and Bozeman. Mental Hygiene Clinics are located at Helena and Butte. Due to the proximity of the Warm Springs State Hospital, high utilization of the facility is by residents from this region.

The probable location of a Community Mental Health Center is either Helena or Butte with a satellite facility in Bozeman and either Helena or Butte. This region has priority 3 under this Plan.

#### Region IV - South Central Montana Mental Health Region.

This region is served by community hospitals in Lewistown, Harlowton, Roundup, Big Timber, Columbus, Red Lodge, Hardin, and Billings. Nursing homes are located at Lewistown, Roundup, Big Timber, Columbus, Hardin, and Billings.

The Montana Center for the Aged at Lewistown serves on a state-wide basis, with patients being transferred to and from the Warm Springs State Hospital. Neither Petroleum or Golden Valley Counties have physicians or medical facilities. There is a Mental Hygiene Clinic at Billings and an inpatient unit at Billings Deaconess Hospital.

Since Billings is the trade and medical center of the region, as well as Northern Wyoming, it is the proposed site of a Community Mental Health Center, with branches at Lewistown and Livingston. Inpatients will continue to receive care at Billings Deaconess Hospital and St. Vincent's Hospital; also in Billings, which is prepared to offer Occupational Therapy services to the Center. It is planned that teams of a psychiatrist, psychologist, and social worker will provide service to delineated areas from Billings, Lewistown, and Livingston. This region has priority 4 under this Plan.

#### Region V - Eastern Montana Mental Health Region.

This region is served by community hospitals at Scobey, Plentywood, Glasgow, Wolf Point, Poplar, Culbertson, Jordan, Malta, Circle, Glendive, Forsyth, Miles City, Terry, Baker, and Ekalaka. Nursing homes are located at Scobey, Wolf Point, Poplar, Circle, Sidney, Glendive, Ekalaka, and Baker.

There is an established Community Mental Health Center at Miles City and Glasgow, with the facility at Miles City serving the southern part of the region and Glasgow the northern. All hospitals in the region provide emergency inpatient care, while the psychologist in Glasgow provides consultation and indirect services. This region has priority 1 under this Plan.





CHAPTER V

RELATIONSHIP  
TO OTHER  
PLANNING EFFORTS





## CHAPTER V

### RELATIONSHIP TO OTHER PLANNING EFFORTS

The Governor, in 1963, directed the State Mental Health Authority to develop a comprehensive mental health plan for Montana and the State Department of Health to administer the construction phase of the Federal Community Mental Health Centers Act.

The Montana State Department of Health was designated by the Governor in May of 1964 as the Mental Retardation Planning Agency for Montana. Mary E. Soules, M.D., MPH, Director of the Division of Disease Control, State Department of Health, was named Director of the Mental Retardation Planning Program by John S. Anderson, M.D., MPH, Executive Officer of the State Department of Health, and Mrs. Maxine S. Homer, Health Education Consultant was named the Coordinator. Doctor Anderson also named Robert J. Munzenrider, Chief, Hospital Construction Section of the Division of Hospital and Medical Facilities, to be in charge of the construction phase of the program.

The Executive Officer and various division directors of the State Department of Health have participated to a major degree in the formulation of the committees of mental health and mental retardation. Since the State Department of Health has been administering the Hill-Burton Program in Montana since 1947, there is a correlation between the three construction programs.

John S. Anderson, M.D., Executive Officer, Montana State Department of Health; Edwin G. Kellner, Director, State Department of Institutions; and Stanley J. Rogers, M.D., Director, Warm Springs State Hospital, and the State Mental Health Authority are members of the Governor's Joint Committee on Mental Health and Mental Retardation, Exhibit XIX. Members of the Hospital and Long-Term Care Facility Advisory Council also serving on the Governor's Joint Committee are Miss Elizabeth Havnen, Great Falls; Mr. A. W. Scribner, Helena; Leonard Kuffel, M.D., Missoula; Mrs. Thomas Payne, Missoula; and Bryce Hughett, M.D., Billings.

In developing the State Construction Plan there was close coordination with the State Department of Institutions, the Montana Department of Public Instruction, the Division of Vocational Rehabilitation of the State Board of Education. Material from the Comprehensive Mental Health Plan and the Mental Retardation Plan has been used in the preparation of this Plan.

There are no organized areawide planning groups for hospitals and related health facilities in Montana at the present time. The Areawide Health Facilities Planning Committee, Missoula, Montana, is currently conducting a study involving health facilities in the Western Region of the State designated as Region I. In Region V, Eastern, there is a Mental Health Planning Board which has organized an effective Mental Health Program

in which all hospitals and physicians in the Region participate. The State Board of Health, at its March 5, 1966 meeting, concurred in a recommendation made by the Advisory Council that various county medical associations form a council for area-wide planning for the purpose of providing better health facilities in the communities of the State.

At the present time there is no interstate planning with the surrounding states. It appears that there should be interstate planning, as a minimum, with the State of North Dakota and the State of Wyoming.



CHAPTER VI

METHODS

OF

ADMINISTRATION





## CHAPTER VI

### METHODS OF ADMINISTRATION

#### A. Publicizing the State Plan

The Federal Regulations in Section 54.205(c) require that at least thirty (30) days prior to the submission of the State Plan, or any modification thereof to the Surgeon General, the State Agency shall publish in newspapers having general circulation throughout the State, a general description of the proposed plan or any such modification, and the State Plan shall be available for examination and comment by interested persons prior to submission to the Surgeon General.

Appropriate news releases will be prepared at an early date and distributed to newspapers having general circulation throughout the State. Copies of newspaper articles carrying the release will be furnished to the Public Health Service. A copy of the State Plan is available for examination and comment by interested persons. Copies of the Plan will be distributed to authorized mental health planning bodies within the various regions, the State Department of Institutions, the heads of education, welfare, unemployment, and rehabilitation agencies, and to all other interested parties upon request.

Prior to recommendation for approval of a revised State Plan by the Hospital and Long-Term Care Facility Advisory Council, the State Board of Health, and the Public Health Service, the State Agency will take steps to insure publication of a general description of the State Plan in newspapers of general circulation throughout the State. A public hearing will also be scheduled in conjunction with the Advisory Council Meeting to afford interested groups or individuals to be heard on proposed changes in the Plan. In addition, societies, organizations and associations will be urged to cooperate in bringing the essential portions and provisions of the State Plan to the attention of interested and affected parties, organizations and associations.

One approved copy of the State Plan will be available at all times in the State Agency for public examination.

#### B. Establishment of the Annual Project Construction Schedule

The State Department of Health will develop annually Project Construction Schedules which will list the projects for which construction should be able to commence during the Fiscal Year. The Schedules will be developed by soliciting applications from sponsoring agencies in regions of the greatest unfilled need and in the order of the area priorities as shown in the overall construction plan.

The number of projects included on the Project Construction Schedule will depend upon a multiplicity of factors such as priority, community



preparedness, and available local financial support as well as the amount of the Federal allotment to the State of Montana.

The recommendations of the Hospital and Long-Term Care Facility Advisory Council will be considered before the preparation for revision of Project Construction Schedules involving the inclusion or removal of a project.

A request for funds to be submitted to the Surgeon General through the State Department of Health shall have been preceded by careful advanced planning on the part of the sponsoring agency and shall be accompanied by a written program in sufficient detail to establish the scope of the project being considered. The request shall be accompanied by an accurate cost estimate based on the written program including a contingency allowance to cover possible cost increases during the design period. Any factors in the proposed project which result in cost estimates varying substantially from costs of similar projects shall be fully described. Applications must be submitted by the sponsoring agency at least 30 days prior to the meeting of the Hospital and Long-Term Care Facility Advisory Council. The meeting of the Advisory Council at which allocations will be made will be announced publicly 21 days prior to the meeting date.

Projects will be selected for the Project Construction Schedules after consideration of the following factors: (1) the priority of the project as determined in accordance with the principles outlined for determination of relative need; (2) the intent of sponsoring agencies to begin construction within a reasonable length of time as shown in the application and supporting evidence; (3) the ability of the sponsoring agency to meet the financial requirements for construction, maintenance and operation of the proposed facility; (4) the maintenance of an appropriate balance insofar as feasible in the construction of the various categories of facilities; (5) satisfactory evidence of availability with each program of at least the five "essential elements" of mental health service and that these are in compliance with the "criteria of program" described in Section 54.212 of the Federal Regulations; (6) degree to which qualified personnel are available to carry out the program; (7) satisfactory assurances that the services to be furnished by each facility will be made available to the general public; (8) satisfactory assurances that each facility will provide needed services for persons unable to pay; (9) satisfactory assurances that the applicant will furnish and comply with the assurances specified in Section 54.209 of the Regulations.

A project may be removed from the Project Construction Schedule by the State Board of Health if the applicant; (1) fails to show definite progress within three months; (2) does not submit the documents required for completion of the Project Construction Application within one year following the inclusion of the project on the Project Construction Schedule; (3) fails to comply with prescribed rules and regulations such as inability to meet financial requirements, prepare satisfactory plans and specifications, or provide proof of non-profit ownership and operation; (4) voluntarily withdraws.

If a project is removed from the Project Construction Schedule, the Schedule will be revised to include the next highest priority project



which meets the requirements for inclusion.

The fact that a project is excluded from the Project Construction Schedule for any of the several reasons will not change the project priority rating (although for other reasons this priority may change). Such projects will be considered for inclusion in each succeeding Project Construction Schedule.

If a project is in the highest priority group, Part 1 of the Project Construction Application may be approved and forwarded to the Public Health Service prior to approval of the Project Construction Schedule. If the project is not in the highest priority group, Part 1 of the Project Construction Application will be submitted with the Schedule or as soon as possible thereafter.

The Project Construction Schedule will be submitted to the Public Health Service Regional Office annually. In accord with Section 54.206(c) the State Department of Health shall approve, recommend and forward applications received in the order of priority except that the State Department of Health may approve, recommend and forward to the Surgeon General applications out of the order of priority if: (1) the State Department of Health has afforded reasonable opportunity for development and presentation of projects in the order of priority; and, (2) the State Department of Health certifies to the Surgeon General that financial resources for the construction maintenance and operation of projects of higher priority are not then available.

The priority of a project under the State Plan shall not be affected by the fact that other projects of lower priority have been approved and recommended by the State Department of Health.

Application for Federal assistance will be submitted to the Federal Government on the Project Construction Application forms which are prescribed by the Public Health Service.

#### C. Regulations and Standards of Construction and Equipment

Construction and equipping of projects assisted under this program shall comply with general standards of construction and equipment for community mental health facilities which shall not be less than the general standards prescribed by the Surgeon General and as set forth in the Regulations in Part 54.215, Appendix A - General Standards of Construction and Equipment.

Copies of these standards will be made available to architects and sponsors involved in construction.

#### D. Inspection Procedures

When a request for payment of an installment is made, the State Department of Health will make an inspection of the project to determine that services have been rendered, work has been performed and purchases have

been made as claimed by the applicant and in accordance with the approved project application and Section 54.215 of the Regulations. In addition, the State Department of Health will make such additional inspections as are deemed necessary. A report of each inspection will be retained in the files of the State Department of Health as well as any and all correspondence incident to inspections of a project.

E. Construction Payments

Requests for construction payments shall be submitted by applicants to the State Department of Health at the times prescribed by Section 54.208 of the Public Health Service Regulations. Under existing law, the state is authorized to make payments of Federal funds to all types of eligible applicants. Federal funds shall be paid to the State Treasurer. The State Department of Health will promptly remit for credit any payments of Federal funds received by the State for payment to applicants for approved construction projects.

F. Maintenance of Personnel Standards of State Department of Health

The Federal Regulations in Section 54.205, (a), require that the State Agency establish a system of personnel administration on a merit basis and maintained with respect to the personnel employed in the administration of the State Plan. Such systems shall include provision for:

1. Impartial administration of the merit system;
2. Operation on the basis of published rules or regulations;
3. Classification of all positions on the basis of duties and responsibilities and establishment of qualifications necessary for the satisfactory performance of such duties and responsibilities;
4. Establishment of compensation schedules adjusted to the responsibility and difficulty of the work;
5. Selection of permanent appointees on the basis of examination so constructed as to provide a genuine test of qualifications and so conducted to afford all qualified applicants opportunity to compete;
6. Advancement on the basis of capacity and meritorious service;
7. Tenure of permanent employees.

There will be substantial compliance with the Standards for a Merit System of Personnel Administration as issued by the Secretary of Health, Education and Welfare, the Secretary of Labor, and the Secretary of Defense on January 26, 1963, 28 F. R. 734, including any subsequent amendments thereof.



All permanent personnel employed in administering the State Plan will be appointed under and subject to the Merit System requirements as set forth above. A copy of the Montana Merit System Regulations is on file with the Public Health Service.

#### G. Conflict of Interest

No full-time officer or employee of the State Department of Health, or any firm, organization, corporation or partnership which such officer or employee owns, controls, or directs, shall receive funds from the applicant, directly or indirectly, in payment for services provided in connection with the planning, design, construction or equipping of any project under this Plan.

#### H. Fiscal and Accounting Procedures

The State Department of Health will comply with the provisions of Section 54.208 of the Public Health Service Regulations by maintaining the necessary accounting records and controls and requiring applicants for Federal funds to maintain adequate fiscal records and controls.

The State Department of Health will retain on file all documents coming into its possession which relate to any expenditure under the program. In addition, the State Department of Health will take such steps as are necessary to assure that applicants (1) retain all relevant and supporting documents, and (2) establish suitable property inventory records covering all equipment of more than nominal value.

The State Department of Health, furthermore, will retain the accounting records, controls, and documents described above for a period of at least one year beyond its participation in the program and shall advise the applicants in writing that the fiscal records, controls, and documents described above shall be retained for a period of two years after the final payment of Federal funds.

#### I. Transfer of Allotments

Under provisions of the community mental health centers act, Public Law 88-164, the State may request that its allotment or a specified portion thereof be added to the corresponding allotment of another state for the purpose of meeting a portion of the Federal share of the cost of a project for the construction of a facility of the type authorized under the allotment for such other state.

Such transfer between states must be authorized by the Surgeon General. If it is found by the Surgeon General that construction of the facility will meet the needs of the state making the transfer, such allotments shall be added to the corresponding allotment of the other state to be used for the purpose referred to above.

At any time, the State Department of Health may submit a request in

writing to the Surgeon General asking that a specified portion of its allotment be added to the allotment to Montana for the construction of facilities for the mentally retarded under Part C of Title I of Public Law 88-164. In order to make such a request the State Department of Health shall either:

1. Certify that it was afforded from the date of availability of the first such allotment to Montana, a minimum of eighteen (18) months, and for any subsequent allotment a minimum of six (6) months, during which application could be made for the portion so specified and that no approvable applications for such funds were received during that period of time: or
2. Demonstrate to the Surgeon General's satisfaction that the need for facilities for the mentally retarded is substantially greater than for community mental health centers, such demonstration to include the concurrence of the Hospital and Long-Term Care Facility Advisory Council.

#### J. Fair Hearings

Upon petition, the State Department of Health will provide an opportunity for a fair hearing before the State Board of Health to every applicant who has requested Federal aid for construction of a mental health center and who is dissatisfied with any action of the State Department of Health regarding the application.

Actions of the State Department of Health which entitle applicants to a hearing include the following:

1. Denial of opportunity to make formal application.
2. Refusal to consider an application.
3. Rejection or disapproval of an application.

Appeals from decisions or actions of the State Board of Health must be made by the appellate, in writing, within thirty (30) days of the date of the adverse decision by the State Board of Health.

The appellate will be notified, in writing, of the time and place of the hearing which will be determined by the State Board of Health and be reasonably convenient for the appellate.

The appellate is entitled to be represented by friends or counsel if he so desires. The appellate and other persons interested and concerned with the State Board of Health decision are entitled to present pertinent evidence in the way desired, subject to reasonable procedures of admissibility and methods of presentation.

The decision of the State Board of Health will be made, in writing,



within thirty (30) days from the date of the hearing and will be based on the evidence presented at the hearing.

A record of the hearing will be made, and upon the request of the appellate, will be made available for examination.

K. Change of Status of Facility

In accordance with Public Health Service Regulations, Section 54.213, the State Department of Health shall promptly notify the Surgeon General, in writing, if at any time within twenty (20) years of the completion of construction any facility which received funds under Title II of the Act is sold or transferred to any person, agency or organization not qualified to file an application under Title II of the Act or is not approved as a transferee by the State Department of Health, or ceases to be a public or nonprofit community mental health center as defined in the Act.

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CHAPTER VII

STATE STANDARDS  
FOR  
MAINTENANCE AND  
OPERATION  
OF CENTERS





## CHAPTER VII

### STATE STANDARDS FOR MAINTENANCE AND OPERATION OF CENTERS

In order to qualify for Federal funds under the Community Mental Health Centers Act of 1963, an applicant must include in his application for such funds assurances that he will meet and maintain at least those minimal standards for the maintenance and operation of facilities receiving assistance under this Act as the Federal Regulations require.

In addition, it will be necessary for the applicant to comply with state laws, rules and regulations which relate to the types of facilities under consideration.

As the intermediary between the Federal and local governments, and as the representative of the State of Montana, for the purpose of this Act the State Department of Health is responsible for providing guidance and direction to the several communities with respect to the content of these several sets of regulations and for accumulating and forwarding to appropriate regulatory bodies such reports or other information as may be required in each instance.

In general, "Maintenance and Operation" appears to cover three broad areas:

1. Maintenance and operation of physical facilities.
2. Financing and budget.
3. Service programs.

Minimum standards for maintenance and operation of community mental health facilities receiving assistance under Title II of Public Law 88-164 are adopted by reference from the following standards, rules and regulations of the Montana State Department of Health, as well as nationally accepted standards: Montana Licensing Law and Standards for Hospitals and Related Institutions, adopted June 15, 1957. These are promulgated under authority of Chapter 269, 1947 Montana Session Laws, as amended (Section 69-2901 through 69-2918, Revised Codes of Montana, 1947 Annotated).

Montana Licensing Law and Standards for Homes for the Aged, adopted November 7, 1959 and all amendments thereto. These standards were developed under the provisions of Chapter 192, 1947 Montana Session Laws, as amended (Section 69-2401 through 69-2406, revised Codes of Montana, 1947 Annotated, including amendments by Chapter 243, 1959 Montana Session Laws). These standards were also adopted by reference under Chapter 162, 1965 Montana Session Laws.

Standards for Operation of Day Care Centers, of the Montana State Department of Health shall apply to day facilities for the mentally ill.



The State Department of Health has not yet developed standards for maintenance and operation of other facilities for the mentally ill. However, until such time as these additional standards are promulgated, the Diagnostic and Evaluation Clinics-Standards for Hospitals and Clinics as prepared by the American Psychiatric Association are adopted by reference.

In the area of financing, budget, and reporting, the applicant will need to show:

1. That there is adequate funding (documents of encumbrance, contractual agreements, commitments from governmental bodies, grants from local drives, etc.) to meet the center's contribution for twelve months from the date of application;
2. That funds anticipated from fees are indeed possible when considered in the light of the average income of the expected clientele, etc.;
3. That an accounting system has been established which will adequately reflect the financial condition of the center;
4. That the center is prepared to make regular financial reports to the State Department of Health in accord with Federal Regulations.
5. That regular reports reflecting population movement and other related data derived from actual operations will be submitted to the State Department of Health.

The State Department of Health will make available consultants in all phases of the fiscal, accounting and reporting processes to assist the center in this aspect of the operation whenever such aid is requested by those in power to act for the center.

In the area of treatment programming, it will be necessary to provide assurances that the five "essential elements" of care are to be available at the time of the completion of construction. Beyond this, the applicant's center, in achieving its objectives, will wish to set and maintain the high quality of service. This is not always easy, especially in view of rapidly changing technology and chronic shortages of personnel and operating funds. Some steps in this direction may be taken however, through such means as (a) clearly defining the goals and objectives of the center; (b) periodically reviewing these goals in the light of actual operations to determine whether they are being met, whether they should be altered, and whether the center is continuing to be responsive to the changing needs of the community; (c) establishing job descriptions and training requirements for the several positions which meet the approval of relevant professional organizations, etc.

Clearly the intent of Congress in passing this Act was to encourage the development of adequate mental health services for all people in the communities where they live; under local direction and administration. The State Department of Health shares this philosophy wholeheartedly. In addition to its responsibility as the State Agency designated to administer the distribution of Federal funds under the present Act, the State Depart-



ment of Health will assist the several local communities in Montana in whatever way may be possible as they work to develop programs in mental health care.





CHAPTER VIII

RECORD KEEPING  
AND  
REPORTING





## CHAPTER VIII

### RECORD KEEPING AND REPORTING

The State Department of Health agrees to make such reports in such form and containing such information as the Surgeon General may from time to time reasonably require. The Surgeon General of the Public Health Service and the Comptroller General of the United States or his duly authorized representative shall have access for purposes of audit and examination to all program records maintained by the State Department of Health in accordance with the established program requirements of the Surgeon General.





CHAPTER IX

A S S U R A N C E S

O F

N O N D I S C R I M I N A T I O N





## CHAPTER IX

### ASSURANCES OF NONDISCRIMINATION

The State Department of Health will obtain assurance from each applicant that all portions and services of the entire facility for the construction of which, or in connection with which, aid under the Community Mental Health Centers Act of 1963 is sought will be made available without discrimination on account of race, creed, color, or national origin. Furthermore, no professionally qualified person or persons will be denied staff privileges because of race, creed, color, or national origin, nor will employees or prospective employees of the facility be discriminated against for these same reasons.



CHAPTER X

ANNUAL REVIEW  
AND  
MODIFICATION  
OF THE STATE PLAN





## CHAPTER X

### ANNUAL REVIEW AND MODIFICATION OF THE STATE PLAN

The State Department of Health in consultation with the Hospital and Long-Term Care Facility Advisory Council will at appropriate intervals, but at least annually, review the State Plan including the overall program for the construction of community mental health facilities and will submit to the Surgeon General a report which contains such revisions as are considered necessary. The revision shall be dependent upon changes in the inventories of available facilities and manpower, demonstrated alterations in community preparedness, and evaluation of changes in community need. It will incorporate the experience gained over the past year from the pilot studies established in the previous year so that the Plan becomes not a series of independent and isolated operations, but an integrated Plan which attempts to meet the unique needs of individual communities in a manner that enhances the total service throughout the State.

New applications will be solicited and acted upon as soon as possible after development and adoption of each annual revision of the Plan and receipt of notice of annual allotment to the State. In the event funds remain unallocated, further action on applications may be taken during the fiscal year. If the State Department of Health determines that significant changes in the needs of an area have occurred since the development of the latest revision of the State Plan, pertinent information will be made available to the Advisory Council at the time the applications are considered.

It is understood that all revisions or amendments become effective upon their approval by the Public Health Service.





CHAPTER XI

FEDERAL

SHARE



## CHAPTER XI

### FEDERAL SHARE

The rate of Federal participation for approved projects within this construction plan shall be a uniform rate for all projects within the State based upon the Federal percentage for which allotments are made for the State of Montana. Upon recommendation of the Hospital and Long-Term Care Facility Advisory Council and approval by the State Department of Health, the Federal share of the cost of each construction project for community mental health centers approved under Public Law 88-164, Title II, Part C for the Fiscal Year ending June 30, 1970 shall be 55 percent.





CHAPTER XII

EXHIBITS







State of Montana  
Office of The Governor  
Helena

TIM BABCOCK  
GOVERNOR

March 24, 1964

Dr. John S. Anderson  
Executive Officer  
State Board of Health  
Helena, Montana

Dear Dr. Anderson:

This letter is to advise you of your appointment as the state authority for the Mental Health Plan for Planning. In addition, I am naming the State Board of Health as the state authority for the receiving of the construction funds which are presently being authorized by Congress.

Since these programs are a vital concern of the State Department of Institutions, I ask that you make every effort to work with that Department relative to these programs and that the Department of Institutions be included in all planning for any grant or construction monies which are involved in these programs.

Because I have a deep interest in these programs, I also ask that any plans drafted for submission to federal agencies be submitted to the Governor's Committee on Mental Health which, as of April 1, 1964, I am reconstituting as the "Governor's Joint Committee on Mental Health and Retardation."

Kind personal regards,

  
Tim Babcock, Governor

## CHAPTER 197, LAWS OF MONTANA, 1967

(Chapter 53, Sections 69-5301  
through 69-5313 of the Revised  
Codes of Montana, Volume 4, Part 1  
1967 Cumulative Pocket Supplement)

MONTANA HOSPITAL, MEDICAL AND RELATED FACILITY SURVEY  
AND CONSTRUCTION ACT

1. DEFINITIONS. As used in this chapter, unless the context clearly indicates otherwise:

(1) "Federal acts" are federal statutes for the construction of medical or related facilities.

(2) "Hospital" includes public health centers and general, pulmonary disease, tuberculosis, mental, chronic disease, and other types of hospitals, and related facilities such as laboratories, out-patient departments, nurses' homes and training facilities, and central service facilities created in connection with hospitals, but does not include a hospital furnishing primarily domiciliary care.

(3) "Medical facility" means a diagnostic or diagnostic and treatment center, rehabilitation facility, facility for long-term care as defined by federal acts, and other medical facilities for which federal aid is or may be authorized.

(4) "Related facility" includes a facility devoted to the diagnosis, treatment, or care of individuals afflicted with mental illness or mental retardation.

(5) "Health center" means a publicly owned facility providing public health services including publicly owned laboratories, clinics, and administrative offices operated in connection with the facility.

(6) "Nonprofit hospital or nonprofit medical facility" means a hospital or medical facility owned or operated by one (1) or more nonprofit corporations or associations if no part of the net earnings inure to the benefit of any private shareholder or individual.

(7) "Council" means the hospital and long-term care facility advisory council created by section 172 (69-5214) of this act.

History: En. Sec. 180, Ch. 197, L. 1967.

2. STATE DEPARTMENT OF HEALTH AS PRINCIPAL STATE AGENCY FOR HOSPITAL  
CONSTRUCTION -- CONTRACTS WITH FEDERAL GOVERNMENT.

The state department of health is the principal state agency for establishing and administering a statewide plan for construction, moderniza-



tion, alteration, equipment, maintenance, or operation of any hospital, medical, or related facility for provision of care, treatment, diagnosis, rehabilitation, training, or related service. With approval of the state board of health, the executive officer of the state department of health may enter into contracts and agreements with agencies of the federal government to secure the benefit of federal programs to provide adequate medical and related facilities and services.

History: En. Sec. 181, Ch. 197, L. 1967.

### 3. POWERS AND DUTIES OF STATE DEPARTMENT OF HEALTH.

The department shall:

- (1) inventory existing hospitals, medical and related facilities;
- (2) survey the need for construction or alteration of hospitals;
- (3) develop and administer a state plan for the construction and alteration of public and other nonprofit hospitals, medical and related facilities;
- (4) if desirable, enter into agreements after approval by the state board for the utilization of facilities and services of other departments, agencies, and institutions, public or private;
- (5) accept and deposit with the state treasurer and spend any grant, gift, or contribution made to meet costs of carrying out the purposes of this act.

History: En. Sec. 182, Ch. 197, L. 1967.

### 4. RULES FOR ADMINISTRATION OF THIS CHAPTER -- ADOPTION BY STATE BOARD OF HEALTH.

The state board shall adopt necessary rules for the administration of this chapter.

History: En. Sec. 183, Ch. 197, L. 1967.

### 5. SUBMISSION OF HOSPITAL CONSTRUCTION PLANS TO FEDERAL AGENCIES -- FEDERAL FUNDS, USE AND DISPOSITION -- INSPECTION OF PROJECTS -- CONSULTANTS" CONTRACTS.

With approval of the state board, the department shall:

- (1) prepare and review a construction program in accordance with federal requirements that will provide adequate hospital, medical and related facilities to people in the state providing, as far as possible, for distribution throughout the state to make all types of services reasonably accessible to all persons;
- (2) submit to federal agencies state plans including those for



the hospital, medical and related facilities construction program and modifications of it providing for the establishment and operation of hospital, medical and related facilities construction activities in accordance with federal requirements;

(3) make application to the appropriate federal agency for funds to assist in carrying out the survey and planning activities. Federal funds shall be deposited in the state treasury and used only for the purposes specified by law. Money which is not spent for those purposes shall be repaid to the federal government;

(4) after approval of a plan by the appropriate federal agency, publish a description in newspapers having general circulation throughout the state, and make the plan available upon request to all persons or organizations;

(5) inspect construction or alteration projects approved by the appropriate federal agency and, if satisfactory, certify that work has been performed on the project or purchases made in accordance with approved plans and specifications, and that payment of federal funds is due to the applicant;

(6) require reports, and make inspections and investigations, as necessary or required by the federal agency;

(7) contract with consultants for services which are performed on a part-time or fee-for-service basis not involving administrative duties.

History: En. Sec. 184, Ch. 197, L. 1967.

#### 6. PUBLICITY AS TO PLANS BEFORE THEY ARE SUBMITTED TO A FEDERAL AGENCY -- PUBLIC HEARING.

Before submitting plans to a federal agency, the state board shall give adequate publicity including a general description of the plans, and may hold a public hearing at which all persons or organizations may express their views.

History: En. Sec. 185, Ch. 197, L. 1967.

#### 7. MINIMUM STANDARDS FOR MAINTENANCE AND OPERATION OF HOSPITALS, MEDICAL AND RELATED FACILITIES.

After consultation with the council, the state board shall prescribe minimum standards for the maintenance and operation of hospitals, medical and related facilities receiving federal aid for construction under the state plan.

History: En. Sec. 186, Ch. 197, L. 1967.

#### 8. STATE PLAN.

The state plan shall specify relative need for the projects included

in the construction program in accordance with regulations prescribed under federal acts, and provide for the construction, maintenance, and operation in the order of relative need determined by the state board.

History: En. Sec. 187, Ch. 197, L. 1967.

9. APPLICATIONS FOR CONSTRUCTION PROJECTS -- WHO MAY FILE.

Applications for hospital, medical and related facilities construction projects may be submitted by a state agency, a political subdivision, or by any public or nonprofit agency authorized to construct and operate a hospital, medical or related facility.

History: En. Sec. 188, Ch. 197, L. 1967.

10. ALLOWANCE OF APPLICATION, FORWARDING TO FEDERAL AGENCY -- DENIAL OF APPLICATION, OPPORTUNITY FOR HEARING.

If the state board, after affording reasonable opportunity for development and presentation of applications in the order of relative need, finds that an application complies with state and federal requirements and conforms to the state plan, the state board shall forward the application to the appropriate federal agency. If an application is denied, the applicant shall have an opportunity for a fair hearing.

History: En. Sec. 189, Ch. 197, L. 1967.

11. FEDERAL FUNDS -- ACCEPTANCE AUTHORIZED -- USE AND DISPOSITION.

The state board may accept federal funds. All federal funds received shall be deposited in the state treasury. The executive officer shall transmit federal funds to applicants for work performed, or purchases made, in carrying out approved projects. Claims for all payments shall be approved by the executive officer.

History: En. Sec. 190, Ch. 197, L. 1967.

12. CONSOLIDATED APPLICATIONS BY TWO OR MORE COUNTIES.

Boards of county commissioners of two (2) or more counties may submit a consolidated application for a single hospital, medical facility, or health center serving each of the counties included in the application. Any statutes investing counties with powers to construct, maintain, and operate hospitals or medical facilities directly, or by lease or contract, may be utilized for this joint action. All statutes governing submission of questions of establishing a hospital or medical facility, hospital or medical facility construction, issuance of bonds, method of operation, and requiring a majority vote of taxpayers on the questions shall apply. Concurrent and joint action of two (2) or more counties and approval by a majority of the voters in each county is required to authorize the issuance of bonds, construction, and contracts under a consolidated plan.

History: En. Sec. 191, Ch. 197, L. 1967.



13. DISCRIMINATION PROHIBITED IN SUBSIDIZED FACILITIES.

No person shall deny another person the use of any facility constructed in whole or in part under this chapter in a professional or other capacity, or discriminate against another person on the grounds of race, color, or national origin.

History: En. Sec. 192, Ch. 197, L. 1967.



## CHAPTER 197, LAWS OF MONTANA, 1967

(Chapter 52, Sections 69-5201  
through 69-5221 of the Revised  
Codes of Montana, Volume 4, Part 1,  
1967 Cumulative Pocket Supplement)

LICENSING AND SUPERVISION OF HOSPITALS AND RELATED FACILITIES

1. DEFINITIONS. As used in this chapter, unless the context clearly indicates otherwise:

(1) "Hospital" means a place which for twenty-four (24) hours or more in each week:

- a. provides diagnosis, treatment, or care for two (2) or more non-related individuals who are suffering from illness, disease, injury, or deformity; or
- b. provides obstetrical, surgical, or other medical or nursing care for two (2) or more non-related individuals.
- c. The term includes public health centers and medical facilities.

(2) "Hospital related facility" means a facility which provides:

- a. diagnosis, treatment, or care of individuals suffering from mental illness or mental retardation; or
- b. care or treatment for more than one (1) woman within six (6) months who is pregnant or who has delivered not more than ten (10) days before. The woman may not be related by blood or marriage to the person who owns or manages the facility.

(3) "Long-term care facility" means a place operated for profit or not, which provides nursing, personal care, or maintenance to four (4) or more persons who are unable to properly care for themselves, or provides sheltered care to four (4) or more aged persons not related to the operator by blood or marriage. It includes:

- a. "Nursing homes" which are facilities furnishing skilled nursing care and related services;
- b. "Personal care homes" which are facilities

providing personal care and services to residents not in need of skilled nursing care;

- c. "Boarding homes" which are facilities providing only maintenance and sheltered care;
- d. facilities providing combinations of services provided by nursing homes, personal care homes, and boarding homes.

(4) "Long-term care facility" does not include:

- a. a hospital, sanitarium, or other institution whose principal activity is the care and treatment of persons suffering from mental or nervous illness;
- b. hotels, motels, boarding houses, rooming houses, or similar accommodations.

(5) "Person" means any person, firm, partnership, association or corporation, or governmental unit;

(6) "Governmental unit" means the state, a state agency, any county, municipality, political subdivision of the state or an agency of any political subdivision;

(7) "Resident" means a person who is in a long-term care facility as a patient or for personal or sheltered care;

(8) "Facility" means a hospital, hospital related facility or long-term care facility.

History: En. Sec. 159, Ch. 197, L. 1967.

## 2. FACILITIES OPERATED BY FEDERAL AGENCIES EXEMPT.

This chapter does not apply to facilities operated by an agency of the federal government.

History: En. Sec. 160, Ch. 197, L. 1967.

## 3. LICENSE REQUIRED -- DURATION -- TRANSFER PROHIBITED -- DISPLAY.

(1) No person may operate a facility unless licensed by the state department of health. Licenses shall be for one (1) year unless issued for a shorter period. A license may not be sold, assigned or transferred. A license is valid only for the person and premises for which it was issued.

(2) Upon discontinuance of the operation or of transfer of ownership of a facility, the license must be returned to the department.



(3) Licenses shall be displayed in a conspicuous place near where patients or residents are admitted.

History: En. Sec. 161, Ch. 197, L. 1967.

#### 4. LICENSE FEES.

The department shall collect a fee of twenty dollars (\$20) for each license issued and deposit receipts in the state general fund.

History: En. Sec. 162, Ch. 197, L. 1967.

#### 5. APPLICATION FOR LICENSE -- PROCEDURE.

The procedure to apply for a license is:

(1) at least thirty (30) days prior to the opening of a facility and annually thereafter, application is made to the department accompanied by the license fee of twenty dollars (\$20);

(2) the application shall contain:

- a. the name and address of the applicant if an individual; or the name and address of each member if a firm, partnership or association; or the name and address of each officer if a corporation;
- b. the location of the facility;
- c. the name of the person or persons who will manage or supervise the facility.
- d. the number and type of patients or residents for which care is provided;
- e. any information which the state board of health may require pertaining to the number, experience, and training of employees;
- f. information on ownership, contract or lease agreement, if operated by a person other than the owner.

History: En. Sec. 163, Ch. 197, L. 1967.

#### 6. ISSUANCE AND RENEWAL OF LICENSES -- INSPECTION OF FACILITY AND RECORDS -- PROVISIONAL LICENSE.

(1) On receipt of a new or renewal application, the department, or its authorized agent, shall inspect the facility. If minimum standards are met and the proposed staff is qualified, the department shall issue a



license for one (1) year. If minimum standards are not met, the department may issue a provisional license for less than one (1) year if operation will not result in undue hazard to patients or residents or if the demand for accommodations offered is not met in the community.

(2) Licensed premises shall be open to inspection and access to all records shall be granted at all reasonable times.

History: En. Sec. 164, Ch. 197, L. 1967.

#### 7. DENIAL OF APPLICATION FOR LONG-TERM CARE FACILITY.

The department may deny an application for long-term care facility license if:

(1) it fails to meet minimum standards prescribed under section 171 (69-5213) of this act;

(2) the staff is insufficient in number or unqualified by lack of training or experience;

(3) the applicant or any person managing it has been convicted of a felony or otherwise shows evidence of character traits inimical to the health and safety of residents;

(4) it does not have the financial ability to operate in accordance with law, or rules, or standards adopted by the state board.

History: En. Sec. 165, Ch. 197, L. 1967.

#### 8. REVOCATION OR REFUSAL TO RENEW LONG-TERM CARE FACILITY.

The department may revoke or refuse to renew a long-term care facility license if:

(1) there is cruelty or indifference affecting the welfare of the residents;

(2) there is misappropriation of the property or funds of a resident;

(3) there is conversion of the property of a resident without his consent;

(4) any provision of this chapter, or rules or standards adopted by the state board are violated;

(5) any reason enumerated in section 165 (69-5207) of this act exists.

History: En. Sec. 166, Ch. 197, L. 1967.

#### 9. DENIAL, SUSPENSION OR REVOCATION OF HOSPITAL OR HOSPITAL RELATED FACILITY LICENSES -- GROUNDS.

The department may deny, suspend, or revoke a hospital or hospital

related facility license if it finds there has been substantial failure to comply with the provisions of this chapter.

History: En. Sec. 167, Ch. 197, L. 1967.

10. DENIAL, SUSPENSION OR REVOCATION OF LICENSE -- PROCEDURE.

(1) If a license is denied, suspended, or revoked, the procedure is:

- a. notice is given by registered mail or personal service to the applicant or licensee stating the reason for the proposed action and specifying a date, not less than fifteen (15) days after mailing or service, for a hearing before the state board;
- b. witnesses may be subpoenaed by either party;
- c. in accordance with rules adopted by the state board, a hearing is held before the state board;
- d. a full and complete record shall be kept of all proceedings, but need not be transcribed unless the decision is appealed to the district court;
- e. on the basis of the hearing, or default of the applicant, the state board shall make findings of fact and conclusions of law;
- f. the applicant or licensee shall be notified by registered mail or personal service of the state board's decision;
- g. the decision of the state board is final thirty (30) days after it is mailed or served unless the applicant or licensee commences an action in the district court to appeal the decision.

(2) A copy of the transcript of any hearing may be obtained by any person on payment of costs of preparing the copy.

History: En. Sec. 168, Ch. 197, L. 1967.

11. REVIEW OF DECISION OF THE STATE BOARD OF HEALTH.

If any applicant or licensee is aggrieved by the decision of the state board after the hearing provided in section 168 (69-5210) of this act, the procedure is:

- (1) before the thirty-first (31st) day after mailing or service



of the state board's decision, the applicant or licensee shall file a complaint in the district court where the facility is located or will be located;

(2) summons shall be issued, and proceedings shall be conducted as in the case of other civil actions;

(3) the state board shall file a certified copy of the record and decision from the hearing with the court upon filing its answer to the complaint;

(4) findings of fact by the state board shall be conclusive unless substantially contrary to the evidence, or unless in conflict with law;

(5) the court may remand the case to the state board for further evidence if good cause is shown;

(6) on rehearing the state board may affirm, reverse, or modify its decision;

(7) the court may affirm, reverse, or modify the rehearing decision of the state board;

(8) either party may appeal the final decision of the district court;

(9) pending final disposition of a matter appealed, the status quo of the applicant or licensee shall be preserved unless the court orders otherwise.

History: En. Sec. 169, Ch. 197, L. 1967.

## 12. ALTERATION OR ADDITION TO FACILITY -- APPROVAL OF PLANS AND SPECIFICATIONS BY THE STATE BOARD OF HEALTH.

The state board may adopt rules to require an applicant or licensee who contemplates alteration or addition to a facility to submit plans and specifications to the department for preliminary inspection and approval prior to commencing construction.

History: En. Sec. 170, Ch. 197, L. 1967.

## 13. RULES AND STANDARDS FOR LONG-TERM CARE FACILITIES -- ADOPTION AND PUBLICATION BY THE STATE BOARD OF HEALTH.

(1) The board shall adopt and publish rules and minimum standards for all long-term care facilities distinguishing between those for nursing care, personal care, sheltered care, and facilities providing combinations thereof.

(2) Standards shall relate to:

a. location and construction of the facility



- including plumbing, heating, lighting, ventilation, and other conditions affecting the health, safety, or comfort of residents;
- b. number and qualifications of personnel;
  - c. sanitary conditions including water supply, sewage disposal, food handling, laundries, and general hygiene;
  - d. diet based on good nutritional practice, needs of residents, and recommendations of attending physicians;
  - e. fixtures and equipment essential to the health and safety of residents;
  - f. age and physical requirements for admission;
  - g. records of residents' medical history, funds, property, and contract with the operator or manager;
  - h. medical supervision and resident care including use of physical restraints;
  - i. reporting of contagious diseases, epidemics, or food poisoning;
  - j. administration including the storage and handling of medications, narcotics, barbiturates, and compressed gases;
  - k. visiting hours and areas.

(3) All long-term care facilities of nonfire-resistant construction, of two (2) stories or more in height having ten (10) or more residents must have an automatic sprinkler system approved by the state fire marshal. The fire marshal shall furnish the state board with certificates of compliance with fire protection rules and standards.

History: En. Sec. 171, Ch. 197, L. 1967.

14. HOSPITAL AND LONG-TERM CARE FACILITY ADVISORY COUNCIL -- MEMBERS APPOINTED BY GOVERNOR -- FUNCTIONS.

(1) The governor shall appoint a hospital and long-term care facility advisory council to consult with the state board in administering this chapter and statutes relating to hospitals, medical and related facilities survey and construction contained in sections 180 through 192 (69-5301 through 69-5313) of this act.

(2) The council consists of:

- a. the executive officer of the department of health who is ex officio chairman;
- b. the state administrator of public welfare, ex officio;
- c. the director of the department of institutions, ex officio;
- d. representatives of nongovernmental organizations or groups, and public agencies, concerned with the operation and construction of hospitals and hospital related facilities;
- e. two (2) persons of recognized experience in the operation of long-term care facilities;
- f. representatives of consumers familiar with the need for services provided by hospitals hospital related facilities, and long-term care facilities;
- g. additional members required for benefits under any federal law.

History: En. Sec. 172, Ch. 197, L. 1967.

15. HOSPITAL AND LONG-TERM CARE FACILITY ADVISORY COUNCIL -- TERMS OF OFFICE OF MEMBERS -- MEETINGS -- COMPENSATION.

(1) Members of the first council shall serve for One (1), two (2), or three (3) years as designated by the governor. The governor shall avoid expiration of the terms of more than one-third (1/3) of the initial appointive members' terms in any twelve (12) month period. After the initial appointments, appointed members serve for three (3) year terms. Appointments for unexpired terms shall be for the remainder of the term.

(2) The council meets at the call of the chairman, or at the request of four (4) of the appointed members.

(3) Members, except ex officio members, are reimbursed at the rate of ten dollars (\$10) per day for actual expenses and eight cents (8¢) per mile for travel.

History: En. Sec. 173, Ch. 197, L. 1967.

16. RULES AND STANDARDS FOR FACILITIES LICENSED UNDER THIS CHAPTER.

With the advice of the hospital and long-term care facility advisory



council, the state board shall adopt rules and standards for facilities licensed under this chapter. The department shall extend a reasonable time for compliance with rules after adoption by the state board.

History: En. Sec. 174, Ch. 197, L. 1967.

17. DISCRIMINATION AMONG PATIENTS OF PHYSICIANS PROHIBITED -- LICENSE REQUIRED OF SPIRITUAL HEALING INSTITUTIONS.

(1) No person who operates a facility may discriminate among the patients of licensed physicians. The free and confidential professional relationship between licensed physician and patient shall continue and remain unaffected. Physicians shall continue to have direction over their patients.

(2) This chapter, and rules and standards adopted by the state board, may not authorize the supervision, regulation, or control of care or treatment of persons in any home or institution conducted for those who rely upon treatment by prayer or spiritual means in accordance with the creed or tenets of any well recognized church or religious denomination. However, a license is required and all other minimum standards apply.

History: En. Sec. 175, Ch. 197, L. 1967.

18. INFORMATION CONFIDENTIAL.

Information received by the department or board through reports, inspection, or provisions of this chapter may not be disclosed in a way which would identify individuals or facilities, except in a proceeding involving the question of licensure or as required by the federal government for certification or preparation of a state plan.

History: En. Sec. 176, Ch. 197, L. 1967.

19. RECORDS AND REPORTS REQUIRED OF LICENSEES.

Licensees shall keep records, and make reports, as required by the state board. Before February 1 of each year, every person licensed under this chapter shall submit an annual report for the preceding calendar year to the department. The report shall be on forms and contain information specified by the board.

History: En. Sec. 177, Ch. 197, L. 1967.

20. INJUNCTION.

The state board or department, on advice of the attorney general, may maintain an action for injunction or other process against any person to restrain or prevent the establishment, conduct, management or operation of a facility which is endangering health and welfare.

History: En. Sec. 178, Ch. 197, L. 1967.



21. PENALTIES.

A person who violates provisions of this chapter is guilty of a misdemeanor. On conviction he shall be fined not more than one hundred dollars (\$100) for the first offense, and not more than three hundred dollars (\$300) for each subsequent offense. Each day of a continuing violation after conviction is a separate offense.

History: En. Sec. 179, Ch. 197, L. 1967.

MONTANA STATE BOARD OF HEALTH

Mrs. O. H. Mann, President . . . . . Missoula  
R.D. Knapp, M.D., Vice President . . . . . Wolf Point  
Paul H. Bowden, D.D.S. . . . . Butte  
Mrs. John Sheehy . . . . . Billings  
George H. Gould, M.D. . . . . Kalispell  
John W. Bartlett . . . . . Whitefish  
Edwin C. Segard, M.D. . . . . Billings

EXECUTIVE OFFICER AND SECRETARY

John S. Anderson, M.D.

DIVISION OF HOSPITAL AND MEDICAL FACILITIES

Director:

HOSPITAL CONSTRUCTION SECTION

Robert J. Munzenrider,  
Chief

Walter C. Moyle,  
Architect

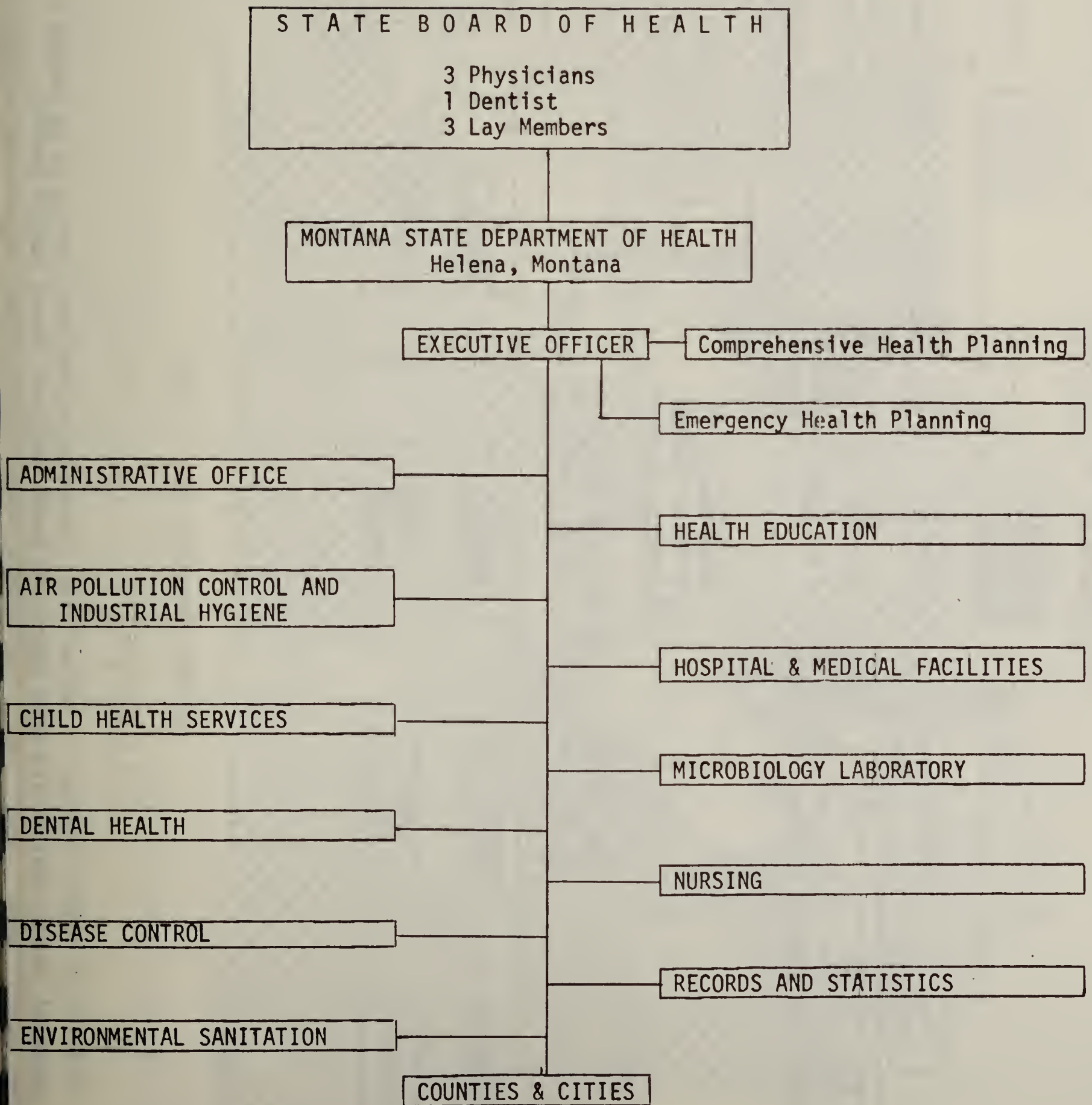
Wallace A. King,  
Hospital Facilities Consultant

Mrs. Pamela J. Moore  
Clerk-Stenographer





Organizational Chart  
9/15/67



# ORGANIZATIONAL CHART

## MONTANA STATE DEPARTMENT OF INSTITUTIONS

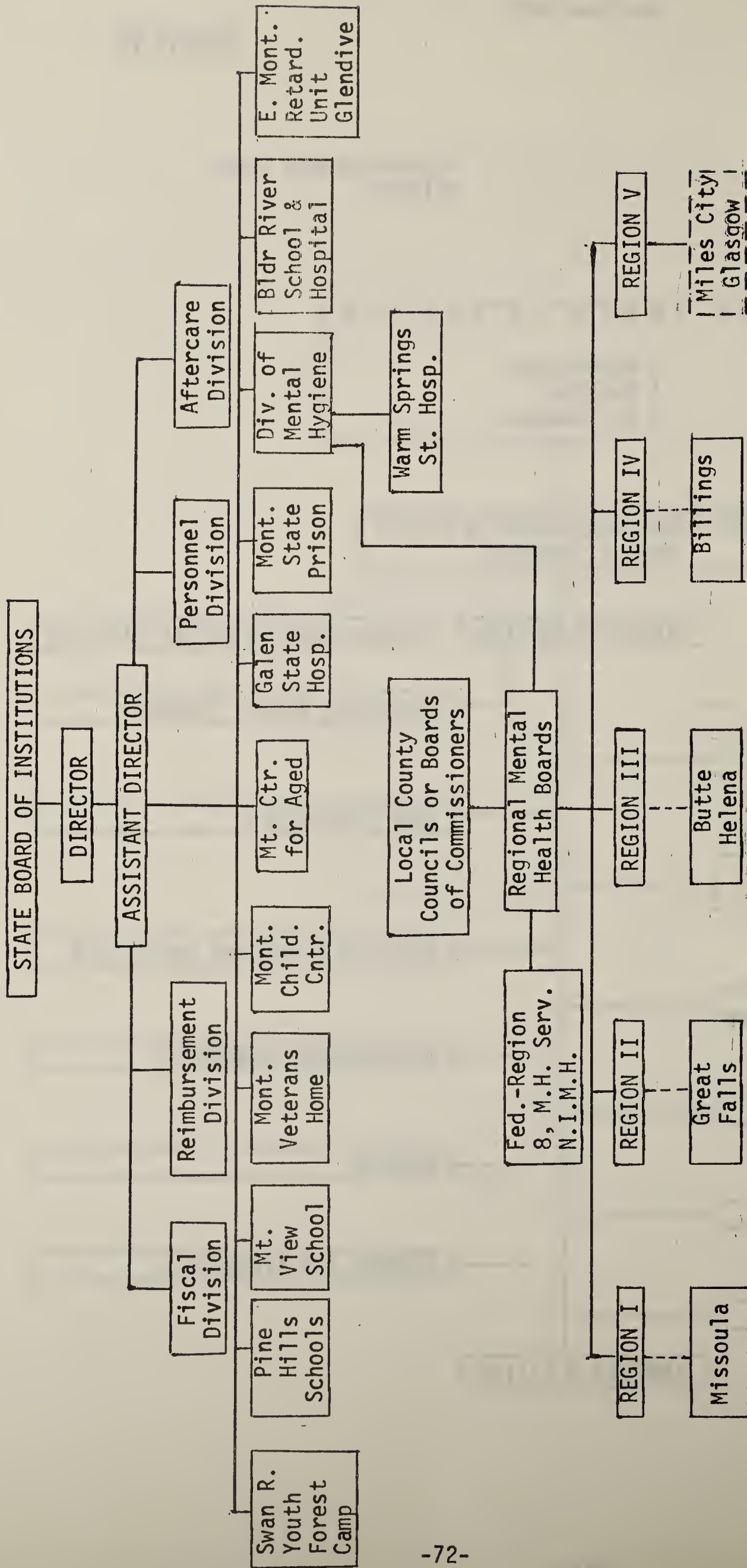


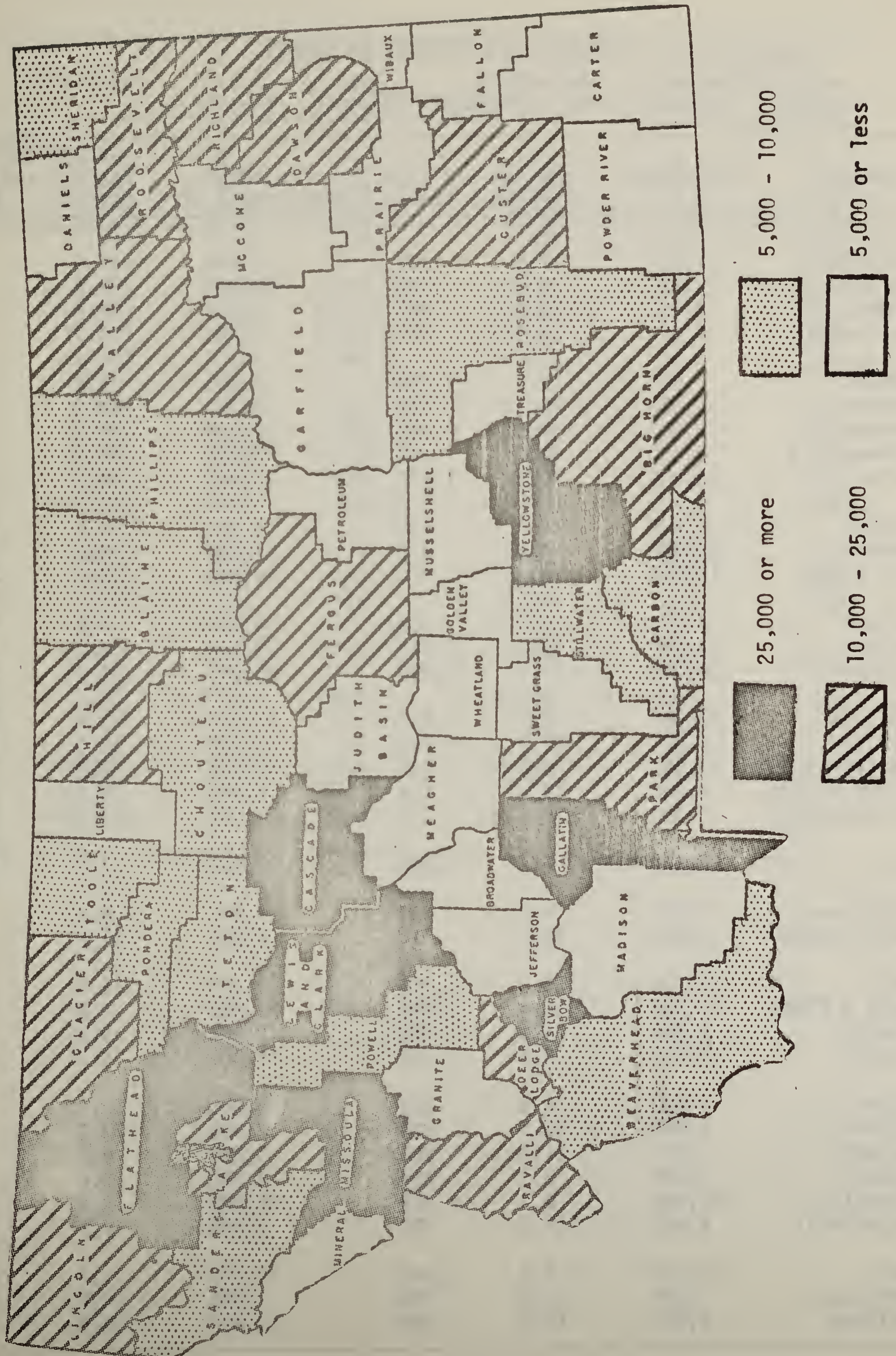
EXHIBIT VII

NOTE: Division of Mental Hygiene -- Dotted lines indicate Out-Patient Clinics to be merged into Regional Mental Health Plan when operative under Regional Mental Health Boards.



POPULATION ESTIMATES

MONTANA COUNTIES, JULY 1, 1967





## POPULATION ESTIMATES BY COUNTY

July 1, 1967

County	Population	Aged 65 and over		Projected Population 1973	Projected 1973 Aged 65 and over	
		Percent	Number		Percent	Number
Beaverhead	7,300	11.5	839	7,600	11.2	850
Big Horn	10,000	7.4	739	10,100	7.4	750
Blaine	8,100	10.6	857	7,300	11.8	860
Broadwater	2,800	11.5	320	2,600	12.7	330
Carbon	7,900	15.0	1,180	6,400	18.8	1,200
Carter	2,400	10.3	246	2,100	12.4	260
Cascade	78,000	7.8	6,065	92,000	6.7	6,185
Choteau	7,400	10.6	782	7,000	11.3	790
Custer	13,600	11.8	1,603	13,000	13.1	1,700
Daniels	3,800	11.5	435	3,200	14.1	450
Dawson	12,600	7.4	930	14,500	6.9	1,000
Deer Lodge	18,000	10.3	1,860	19,500	10.0	1,950
Fallon	4,000	8.9	354	4,200	8.6	360
Fergus	14,600	13.6	1,980	13,200	15.2	2,000
Flathead	34,200	11.4	3,890	35,000	12.3	4,300
Gallatin	26,800	9.0	2,410	31,000	7.9	2,450
Garfield	2,000	11.1	222	1,700	13.5	230
Glacier	12,600	5.9	742	12,900	5.8	745
Golden Valley	1,200	14.5	173	1,000	20.0	200
Granite	3,000	10.8	323	3,200	10.3	330
Hill	19,300	8.2	1,580	22,500	7.1	1,590
Jefferson	4,400	9.8	430	4,600	9.8	450
Judith Basin	3,000	10.5	314	2,800	11.6	325
Lake	13,400	13.3	1,780	11,700	16.3	1,900
Lewis & Clark	28,700	10.4	2,990	31,000	9.8	3,050
Liberty	2,600	6.3	163	2,900	5.9	170
Lincoln	13,500	7.3	983	17,400	5.7	1,000
McCone	3,300	9.8	322	3,200	10.3	330
Madison	4,600	13.5	620	4,900	13.1	640
Meagher	2,600	11.0	285	3,300	9.1	300
Mineral	3,200	7.3	234	4,500	5.6	250
Missoula	45,800	9.3	4,242	51,200	8.9	4,600
Musselshell	4,900	14.3	700	4,100	17.6	720
Park	13,100	11.8	1,540	13,700	11.7	1,600
Petroleum	900	11.1	100	800	13.8	110
Phillips	6,000	13.2	790	5,400	14.8	800

County	Population	Aged 65 and over		Projected Population 1973	Projected 1973 Aged 65 and over	
		Percent	Number		Percent	Number <sup>a</sup>
Pondera	7,600	8.3	631	8,000	8.0	640
Powder River	2,500	9.7	242	2,200	11.4	250
Powell	7,400	9.8	725	7,700	9.5	730
Prairie	2,300	11.1	255	2,000	15.0	300
Ravalli	12,400	14.6	1,810	13,000	15.4	2,000
Richland	10,600	10.6	1,120	10,000	11.5	1,150
Roosevelt	11,700	9.4	1,100	12,800	9.4	1,200
Rosebud	6,200	10.4	640	5,600	11.8	660
Sanders	6,900	13.3	918	6,500	14.3	930
Sheridan	6,600	12.1	799	5,700	14.2	810
Silver Bow	46,600	11.2	5,190	48,500	10.9	5,300
Stillwater	5,300	11.9	630	5,200	12.5	650
Sweet Grass	3,200	15.2	485	2,800	17.9	500
Teton	7,200	10.0	719	6,900	10.5	725
Toole	7,900	7.8	615	8,100	7.7	620
Treasurer	1,300	8.9	116	1,200	10.8	130
Valley	21,800	6.7	1,470	17,200	8.7	1,500
Wheatland	3,000	13.4	400	2,700	15.6	420
Wibaux	1,700	11.3	192	1,400	15.0	210
Yellowstone	<u>79,200</u>	7.5	<u>5,920</u>	<u>99,000</u>	6.6	<u>6,500</u>
TOTALS	691,000		67,000	738,000		70,000



## POPULATION ESTIMATES BY REGION

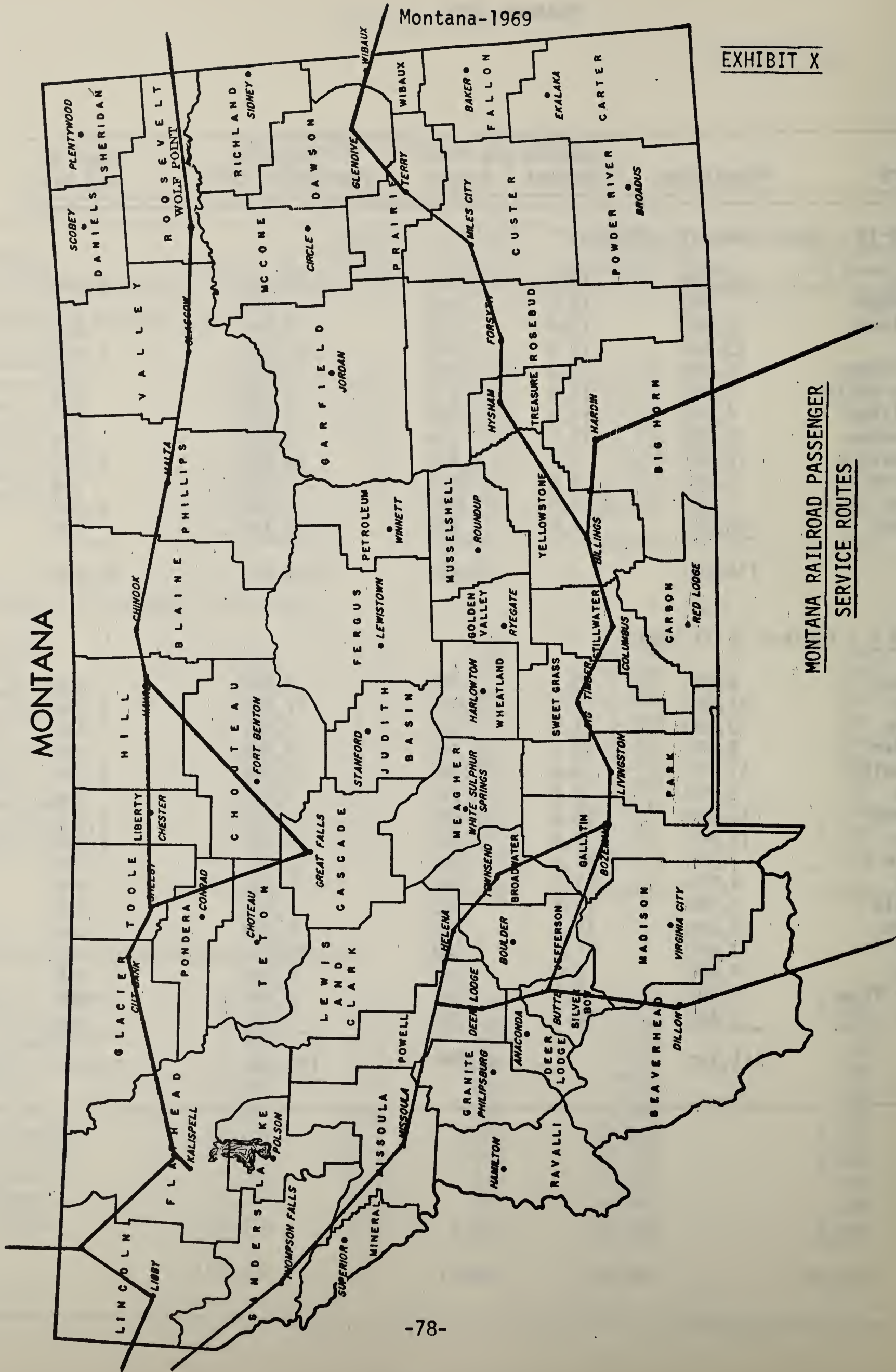
July 1, 1967

County	Population	Aged 65 and Over Percent	Number	Projected Population 1973	Aged 65 and Over
<u>REGION I - Western (129,400)</u>					
Lincoln	13,500	7.3	983	17,400	1,000
Flathead	34,200	11.4	3,890	35,000	4,300
Lake	13,400	13.3	1,780	11,700	1,900
Sanders	6,900	13.3	918	6,500	930
Mineral	3,200	7.3	234	4,500	250
Missoula	45,800	9.3	4,242	51,200	4,600
Ravalli	<u>12,400</u>	14.6	<u>1,810</u>	<u>13,000</u>	<u>2,000</u>
	129,400		13,857	139,300	14,980
<u>REGION II - Northern (153,700)</u>					
Glacier	12,600	5.9	742	12,900	745
Toole	7,900	7.8	615	8,100	620
Pondera	7,600	8.3	631	8,000	640
Liberty	2,600	6.3	163	2,900	170
Hill	19,300	8.2	1,580	22,500	1,590
Blaine	8,100	10.6	857	7,300	860
Teton	7,200	10.0	719	6,900	725
Chouteau	7,400	10.6	782	7,000	790
Cascade	78,000	7.8	6,065	92,000	6,185
Judith Basin	<u>3,000</u>	10.5	<u>314</u>	<u>2,800</u>	<u>325</u>
	153,700		12,468	170,400	12,650
<u>REGION III - Southwestern (152,200)</u>					
Lewis & Clark	28,700	10.4	2,990	31,000	3,050
Jefferson	4,400	9.8	430	4,600	450
Broadwater	2,800	11.5	320	2,600	330
Meagher	2,600	11.0	285	3,300	300
Powell	7,400	9.8	725	7,700	730
Granite	3,000	10.8	323	3,200	330
Beer Lodge	18,000	10.3	1,860	19,500	1,950
Silver Bow	46,600	11.0	5,190	48,500	5,300
Beaverhead	7,300	11.5	839	7,600	850
Madison	4,600	13.5	620	4,900	640
Gallatin	<u>26,800</u>	9.0	<u>2,410</u>	<u>31,000</u>	<u>2,450</u>
	152,200		15,992	163,900	16,380



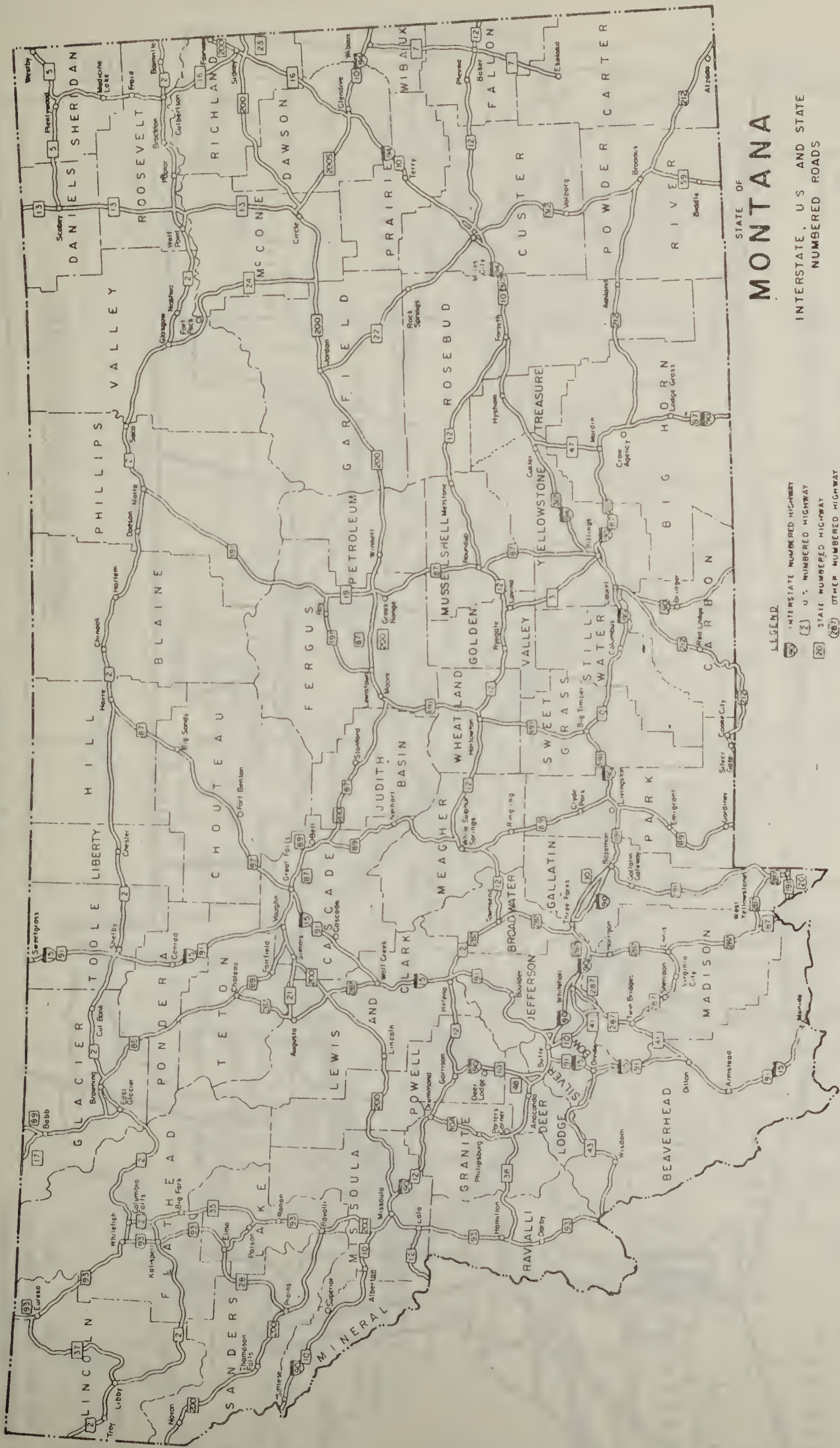
County	Population	Aged 65 and Over Percent	Number	Projected Population 1973	Aged 65 and Over
<u>REGION IV - South Central (144,600)</u>					
Fergus	14,600	13.6	1,980	13,200	2,000
Petroleum	900	11.1	100	800	110
Wheatland	3,000	13.4	400	2,700	420
Park	13,100	11.8	1,540	13,700	1,600
Sweet Grass	3,200	15.2	485	2,800	500
Golden Valley	1,200	14.5	173	1,000	200
Musselshell	4,900	14.3	700	4,100	720
Stillwater	5,300	11.9	630	5,200	650
Yellowstone	79,200	7.5	5,920	99,000	6,500
Treasure	1,300	9.0	116	1,200	130
Carbon	7,900	15.0	1,180	6,400	1,200
Big Horn	10,000	7.4	739	10,100	750
	144,600		13,963	160,200	14,780
<u>REGION V - Eastern (111,100)</u>					
Phillips	6,000	13.2	790	5,400	800
Valley	21,800	6.7	1,470	17,200	1,500
Daniels	3,800	11.5	435	3,200	450
Sheridan	6,600	12.1	799	5,700	810
Roosevelt	11,700	9.4	1,100	12,800	1,200
McCone	3,300	9.8	322	3,200	330
Richland	10,600	10.6	1,120	10,000	1,150
Dawson	12,600	7.4	930	14,500	1,000
Prairie	2,300	11.1	255	2,000	300
Wibaux	1,700	11.3	192	1,400	210
Garfield	2,000	11.1	222	1,700	230
Rosebud	6,200	10.4	640	5,600	660
Custer	13,600	11.8	1,603	13,000	1,700
Fallon	4,000	8.9	354	4,200	360
Powder River	2,500	9.7	242	2,200	250
Carter	2,400	10.3	246	2,100	260
	111,100		10,720	104,200	11,210

# MONTANA



MONTANA RAILROAD PASSENGER  
SERVICE ROUTES





STATE OF  
**MONTANA**  
INTERSTATE, U.S. AND STATE  
NUMBERED ROADS

- LEGEND**
- INTERSTATE NUMBERED HIGHWAY
  - U.S. NUMBERED HIGHWAY
  - STATE NUMBERED HIGHWAY
  - OTHER NUMBERED HIGHWAY

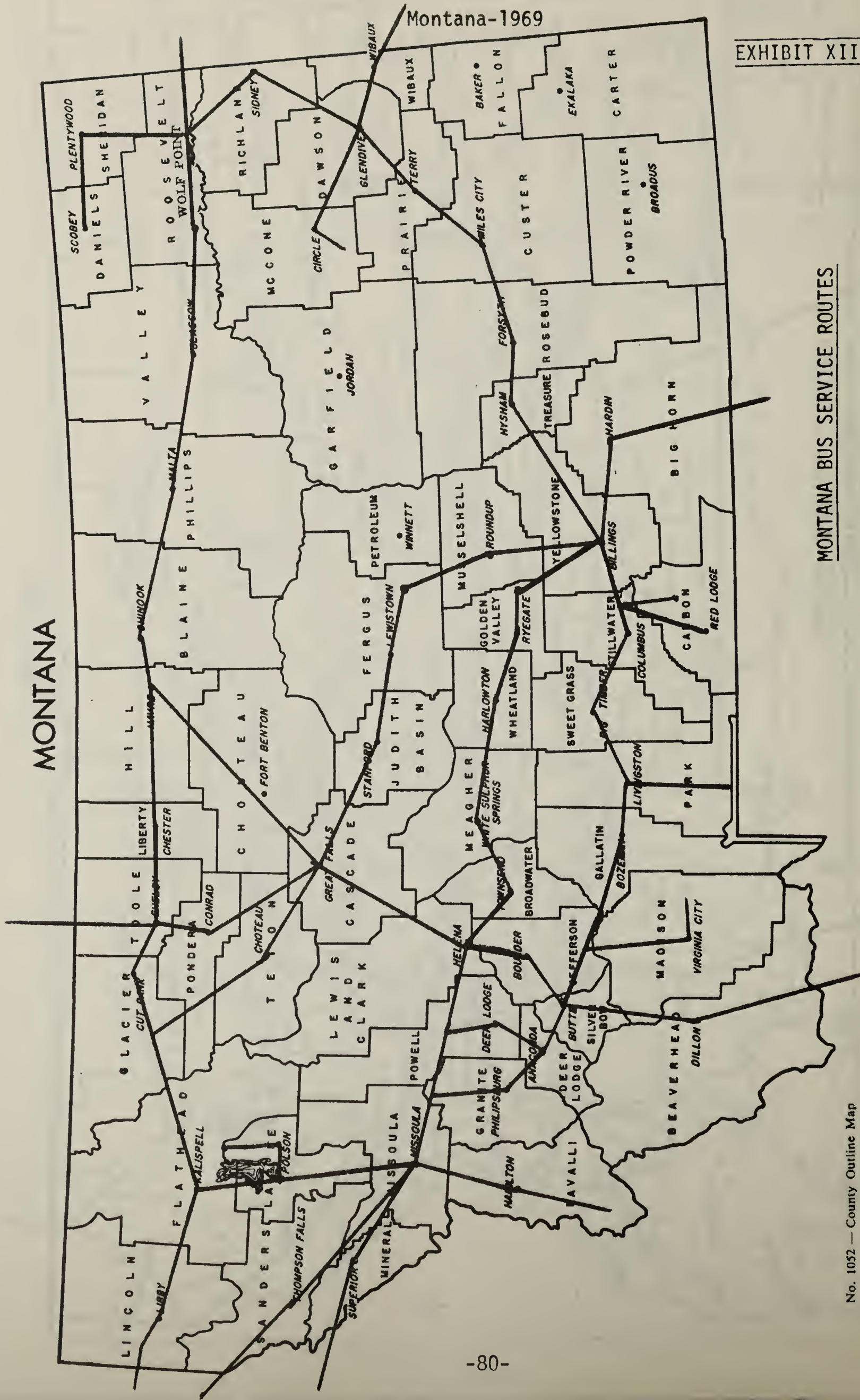


# MONTANA

Montana-1969

EXHIBIT XII

MONTANA BUS SERVICE ROUTES



No. 1052 — County Outline Map  
STATE PUBLISHING COMPANY

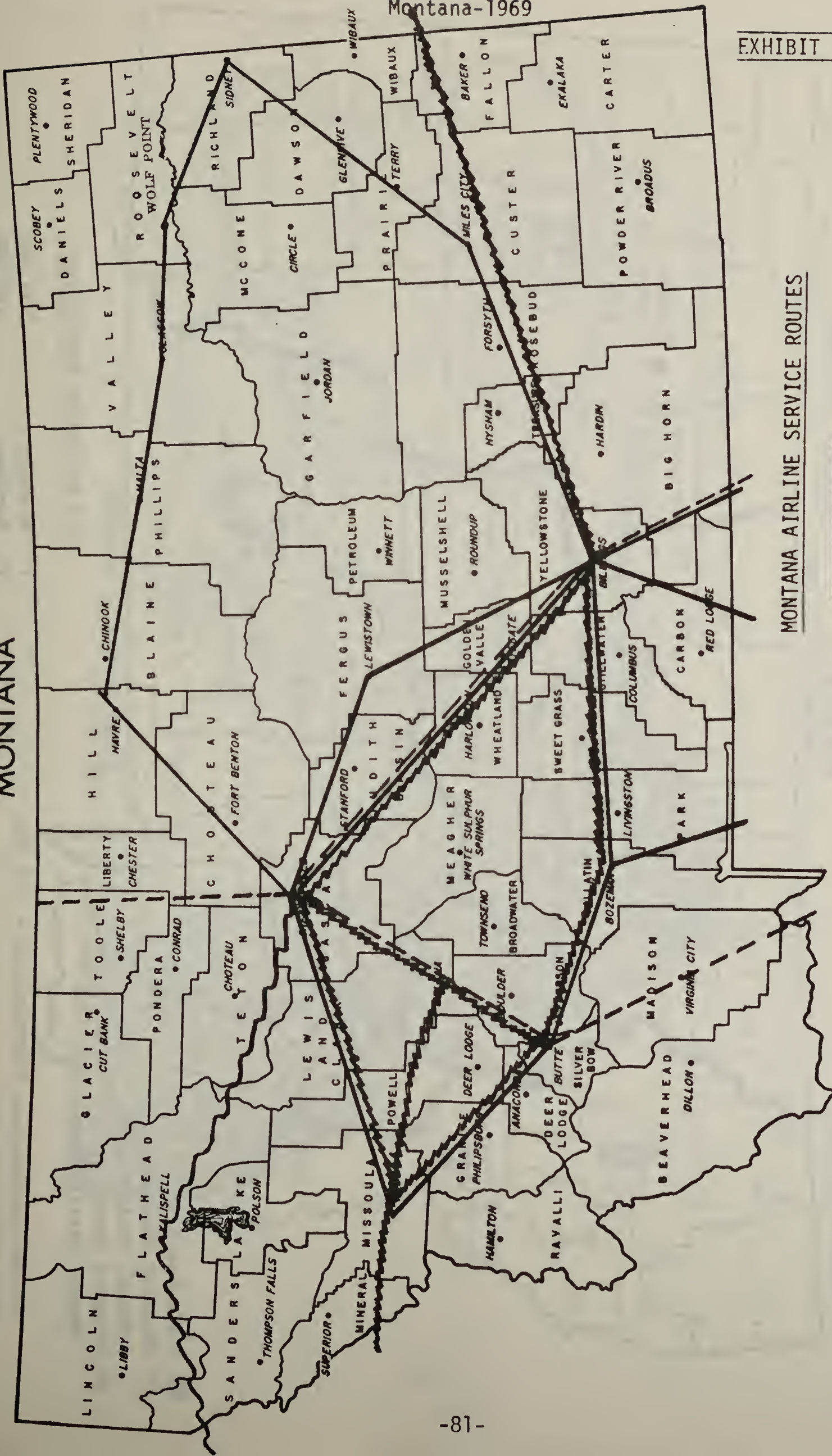
Helena



# MONTANA

Montana-1969

EXHIBIT XIII



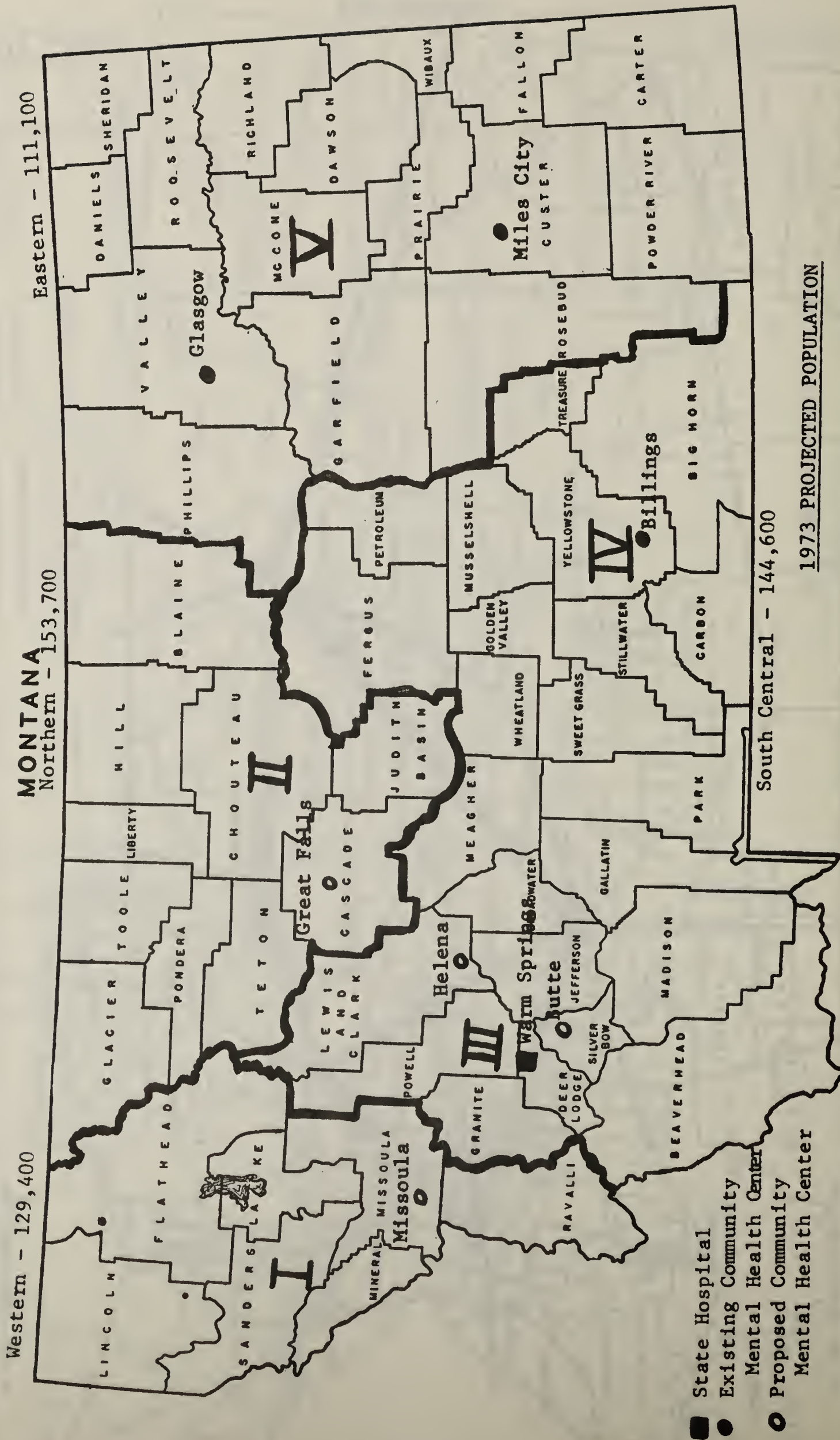
MONTANA AIRLINE SERVICE ROUTES

- Frontier
- Northwest
- Western
- West Coast

No. 1052 — County Outline Map  
STATE PUBLISHING COMPANY  
Helena







No. 1050 — County Outline Map

STATE PUBLISHING COMPANY

Helena

YZ Pads - QQ - WE





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# LANDFORMS OF MONTANA

EXHIBIT XVI

Form 1 . . . . . AREA SURVEY OF PSYCHIATRIC FACILITIES

Form 2 . . . . . AREA SURVEY OF OTHER MENTAL HEALTH  
FACILITIES

Form 3 . . . . . AREA SURVEY OF MENTAL HEALTH MANPOWER



AREA SURVEY OF PSYCHIATRIC FACILITIES

Form - 1

Area Designation: Name and Address of Facility	Type of Control (Govt. NPA Prop.)	Services Offered in Facility (check)											Enter Total Admissions To:				Total Profes- sional Manhou- Per Wee			
		Inpatient Care	Outpatient Care	Partial Hospital- ization			Emergency Service	Consultation & Education	Diagnosis and Observation Only	Rehabilitation Service	Preadmission Service	After-care Program for Ex-Hosp. Patnts.	Training	Research	Inpatient Programs	Outpatient Program		Day	Night	Other
				Day	Night	Other														
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
<p>REGION I, Western Montana</p> <p>Missoula Mental Hygiene Clinic University of Montana Missoula, Montana 59801</p>	State		X				X	X								874				254



AREA SURVEY OF OTHER MENTAL HEALTH FACILITIES

Form - 2

Area, name and address of agency	Type of Program
<u>REGION I, Western Montana</u>	
Mental Retardation Unit City-County Health Department Missoula, Montana	(1) Clinic for the Mentally Retarded (2) Psychological Clinic

Area or Region: REGION I, Western Montana Regional Mental Health Center

Discipline	Work Status	Psychiatric Facilities (required)								Other (optional)				Tot
		Psychiatric Hospital	General Hosp. With Separate Psychiatric Units	Resident Treatment Center for Emot. Disturbed Children	Outpatient Psychiatric Clinic	Mental Health Day/Night Facility	Complete Community Ment. Health Center	Other Multi-Component Psychiatric Facility	Other	Other Mental Health Facilities	Academic Setting	Non-Mental Health Setting	Private Practice	
1. Psychiatrists	Full Time Part Time T, R, & I Total	(1)	(2)	(3)	0 (4)	(5)	(2) (6)	(7)	(8)	(9)	(10)	(11)	2 (12)	2 (
2. Physicians (Non-Psychiatric)	Full Time Part Time T, R, & I Total				0		0						0	1
3. Psychologists	Full Time Part Time T, R, & I Total				0		0						0	0
4. Social Workers	Full Time Part Time T, R, & I Total				0		0						0	1
5. Professional Nurses	Full Time Part Time T, R, & I Total				1		0						0	1

\* T, R, & I means Trainees, Residents and Interns.

( ) - Anticipated under center and includes staff listed under the outpatient clinic.



AREA SURVEY OF MENTAL HEALTH MANPOWER

Form - 3, (continued)

Area or Region: REGION I, Western

Discipline	Work Status	Psychiatric Facilities (required)								Other (optional)				Total
		(1) Psychiatric Hospital	(2) General Hosp. With Separate Psychiatric Units	(3) Resident Treatment Center for Emot. Disturbed Children	(4) Outpatient Psychiatric Clinic	(5) Mental Health Day/Night Facility	(6) Complete Community Ment. Health Center	(7) Other Multi-Component Psychiatric Facility	(8) Other	(9) Other Mental Health Facilities	(10) Academic Setting	(11) Non-Mental Health Setting	(12) Private Practice	
6. Other Professionals (Occupational Therapists & Voc. Counselors Only)	Full Time Part Time T, R, & I* Total				0		0 0 0 0							(
7. Other (Optional)	Full Time Part Time T, R, & I* Total				0		0 0 0 0							)

\* T, R, & I means Trainees, Residents and Interns.



# AREA SURVEY OF PSYCHIATRIC FACILITIES

Form - 1

Area Designation: Name and Address of Facility	Type of Control (Govt. NPA Prop.)	Services Offered in Facility (check)										Enter Total Admissions To:					Total Profes- sional Manhours Per Week			
		Inpatient Care	Outpatient Care	Partial Hospital- ization			Emergency Service	Consultation & Education	Diagnosis and Observation Only	Rehabilitation Service	Preadmission Service	After-care Program for Ex-Hosp. Patnts.	Training	Research	Inpatient Programs	Outpatient Program		Partial Hospital- ization		
				Day	Night	Other												Day	Night	Other
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
REGION II, Northern Montana																				Montana-1969
Montana Deaconess Hospital 1101 - 26th Street South Great Falls, Montana 59401	NPA	X	X	X	X		X	X	X			X			836	179	15	5		784
Mental Hygiene Clinic 1130 - 17th Avenue South Great Falls, Montana 59401			X				X	X				X	X			797				113

AREA SURVEY OF OTHER MENTAL HEALTH FACILITIES

Form - 2

Area, name and address of agency	Type of Program
<u>REGION II, Northern Montana</u>  Information and Referral Center 1812 Tenth Avenue South Great Falls, Montana 59401	(1) Assistance in arranging for care and treatment



AREA SURVEY OF MENTAL HEALTH MANPOWER

Form - 3

Area or Region: REGION II, Northern Montana Regional Mental Health Center

Discipline	Work Status	Psychiatric Facilities (required)								Other (optional)				Total
		Psychiatric Hospital	General Hosp. With Separate Psychiatric Units	Resident Treatment Center for Emot. Disturbed Children	Outpatient Psychiatric Clinic	Mental Health Day/Night Facility	Complete Community Ment. Health Center	Other Multi-Component Psychiatric Facility	Other	Other Mental Health Facilities	Academic Setting	Non-Mental Health Setting	Private Practice	
1. Psychiatrists	Full Time Part Time T, R, & I * Total	(1)	(2)	(3)	0 (4)	(5)	(2) (6)	(7)	(8)	(9)	(10)	(11)	3 (12)	3 (13)
2. Physicians (Non-Psychiatric)	Full Time Part Time T, R, & I * Total				1 (4)		0 (6)						0	1
					0		0						0	0
					1		(2)						3	4
3. Psychologists	Full Time Part Time T, R, & I * Total				1		(4)							1
					0		0							0
					0		0							0
					1		(4)							1
4. Social Workers	Full Time Part Time T, R, & I * Total				2		(4)							2
					0		0							0
					0		0							0
					2		(4)							2
5. Professional Nurses	Full Time Part Time T, R, & I * Total		7				(1)							7
			5				0							5
			0				0							0
			12				(1)							12

19

Montana-1969

( ) Anticipated positions under center including personnel in clinics.

\* T, R, & I means Trainees, Residents and Interns.



Form - 3, (continued)

Area or Region: REGION II, Northern Montana Regional Mental Health Center

Discipline	Work Status	Psychiatric Facilities (required)								Other (optional)				Other
		(1) Psychiatric Hospital	(2) General Hosp. With Separate Psychiatric Units	(3) Resident Treatment Center for Emot. Disturbed Children	(4) Outpatient Psychiatric Clinic	(5) Mental Health Day/Night Facility	(6) Complete Community Ment. Health Center	(7) Other Multi-Component Psychiatric Facility	(8) Other	(9) Other Mental Health Facilities	(10) Academic Setting	(11) Non-Mental Health Setting	(12) Private Practice	
6. -92- Other Professionals (Occupational Therapists & Voc. Counselors Only)	Full Time Part Time T, R, & I* Total		0 1 0 1											(13) 0 1 0 1
7. Other (Optional)	Full Time Part Time T, R, & I* Total	9 0 0 9					1** 0 0 1							10 0 0 10

Montana-1969

\* T, R, & I means Trainees, Residents and Interns.

\*\* Accounting Assistant

# AREA SURVEY OF PSYCHIATRIC FACILITIES

Form - 1

Area Designation: Name and Address of Facility	Type of Control (Govt. NPA Prop.)	Services Offered in Facility (check)										Enter Total Admissions To:			Total Profes- sional Manhours per Week					
		Inpatient Care	Outpatient Care	Partial Hospital- ization			Emergency Service	Consultation & Education	Diagnosis and Observation Only	Rehabilitation Service	Preadmission Service	After-care Program for Ex-Hosp. Patnts.	Training	Research	Inpatient Programs	Outpatient Program	Day	Night	Other	
				Day	Night	Other														
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
REGION III, Southwestern Montana																				Montana-1969
Warm Springs State Hospital Warm Springs, Montana 59756	State	X	X	X	X		X	X		X	X	X	X		* 1603					2560
St. Peter's Hospital 2475 Broadway Helena, Montana 59601	NPA	X		X	X										-		-	-		----
Butte Mental Hygiene Clinic 41 East Woolman Street Butte, Montana 59701	State		X				X	X	X		X	X			192					44
Helena Mental Hygiene Clinic 1417 Helena Avenue Helena, Montana 59601	State		X				X	X		X	X	X			465					40

\* Average Daily Census - 1381



AREA SURVEY OF OTHER MENTAL HEALTH FACILITIESForm - 2

Area, name and address of agency	Type of Program
<u>REGION III, Southwestern Montana</u>	
Boulder River School and Hospital P.O. Box 87 Boulder, Montana 59632	(1) State Hospital
School Psychometrist Hawthorne School Annex Helena, Montana 59601	(2) School Psychological Service
Marriage Counselor Court of Reconciliation Helena, Montana 59601	(3) Marriage Counseling
Division of Vocational Rehabilitation Helena, Montana 59601	(4) Rehabilitation Services for the Mentally Ill



Area or Region: REGION III, Warm Springs Hospital and Butte and Helena Clinics

Discipline	Work Status	Psychiatric Facilities (required)								Other (optional)				Total
		Psychiatric Hospital	General Hosp. With Separate Psychiatric Units	Resident Treatment Center for Emot. Disturbed Children	Outpatient Psychiatric Clinic	Mental Health Day/Night Facility	Complete Community Ment. Health Center	Other Multi-Component Psychiatric Facility	Other	Other Mental Health Facilities	Academic Setting	Non-Mental Health Setting	Private Practice	
1. Psychiatrists	Full Time Part Time T, R, & I * Total	9 0 0 9	(2)	(3)	1 1 0 2	(5)	(6)	(7)	(8)	(9)	(10)	(11)	1 1 0 12	11 (13)
2. Physicians (Non-Psychiatric)	Full Time Part Time T, R, & I * Total	3 3 0 6			0 0 0 0									3 3 0 6
3. Psychologists	Full Time Part Time T, R, & I * Total	4 0 0 4			2 0 0 2				1 0 0 1					7 0 0 7
4. Social Workers	Full Time Part Time T, R, & I * Total	8 0 0 8			1 0 0 1				1 0 0 1					10 0 0 10
5. Professional Nurses	Full Time Part Time T, R, & I * Total	26 7 0 33			0 0 0 0									26 7 0 33

0 Butte and Helena Clinics are added together.

\* T, R, & I means Trainees, Residents and Interns.

AREA SURVEY OF MENTAL HEALTH MANPOWER

Form - 3, (continued)

Area or Region: REGION III, Warm Springs State Hospital and Butte and Helena Clinics

Discipline	Work Status	Psychiatric Facilities (required)								Other (optional)				Other	Montana-1969
		(1) Psychiatric Hospital	(2) General Hosp. With Separate Psychiatric Units	(3) Resident Treatment Center for Emot. Disturbed Children	(4) Outpatient Psychiatric Clinic	(5) Mental Health Day/Night Facility	(6) Complete Community Ment. Health Center	(7) Other Multi-Component Psychiatric Facility	(8) Other	(9) Other Mental Health Facilities	(10) Academic Setting	(11) Non-Mental Health Setting	(12) Private Practice		
6. Other Professionals (Occupational Therapists & Voc. Counselors Only)	Full Time Part Time T, R, & I* Total	3 1 0 4												(13) 3 1 0 4	
7. Other (Optional)	Full Time Part Time T, R, & I* Total														

\* T, R, & I means Trainees, Residents and Interns.





## Form - 1

-98-

AREA SURVEY OF OTHER MENTAL HEALTH FACILITIESForm - 2

Area, name and address of agency	Type of Program
<u>REGION IV, South Central Montana</u>	
Montana Center for the Aged Lewistown, Montana	(1) Rehabilitation Services for the Mentally Ill, transferred from Warm Springs State Hospital
Montana Center for Handicapped Children 1500 North 30th Street Billings, Montana 59101	(2) Diagnostic and Evaluation Clinic for all types of impairments

Area or Region: REGION IV, South Central Montana Regional Mental Health Center

Discipline	Work Status	Psychiatric Facilities (required)								Other (optional)				Total
		Psychiatric Hospital	General Hosp. With Separate Psychiatric Units	Resident Treatment Center for Emot. Disturbed Children	Outpatient Psychiatric Clinic	Mental Health Day/Night Facility	Complete Community Ment. Health Center	Other Multi-Component Psychiatric Facility	Other	Other Mental Health Facilities	Academic Setting	Non-Mental Health Setting	Private Practice	
1. Psychiatrists	Full Time Part Time T, R, & I Total	(1)	(2)	(3)	1 (4)	(5)	(2) (6)	(7)	(8)	(9)	(10)	(11)	3 (12)	4 (13)
2. Physicians (Non-Psychiatric)	Full Time Part Time T, R, & I Total				0		0 0 0 0						0	0 0 0 4
3. Psychologists	Full Time Part Time T, R, & I Total				1 0 0 1		(4) 0 0 (4)							1 0 0 1
4. Social Workers	Full Time Part Time T, R, & I Total				1 0 0 1		(6) 0 0 (6)							1 0 0 1
5. Professional Nurses	Full Time Part Time T, R, & I Total				0		(1) (1)							0

\* T, R, & I means Trainees, Residents and Interns.

( ) Anticipated positions under center, including personnel of clinic



AREA SURVEY OF MENTAL HEALTH MANPOWER

Form - 3, (continued)

Area or Region: REGION IV, South Central Montana

Montana-1969															
Discipline	Work Status	Psychiatric Facilities (required)								Other (optional)				Other	
		(1) Psychiatric Hospital	(2) General Hosp. With Separate Psychiatric Units	(3) Resident Treatment Center for Emot. Disturbed Children	(4) Outpatient Psychiatric Clinic	(5) Mental Health Day/Night Facility	(6) Complete Community Ment. Health Center	(7) Other Multi-Component Psychiatric Facility	(8) Other	(9) Other Mental Health Facilities	(10) Academic Setting	(11) Non-Mental Health Setting	(12) Private Practice		
6. Other Professionals (Occupational Therapists & Voc. Counselors Only)	Full Time Part Time T, R, & I* Total													(13)	
7. Other (Optional)	Full Time Part Time T, R, & I* Total														

\* T, R, & I means Trainees, Residents and Interns.

\* Administrative Assistant

AREA SURVEY OF PSYCHIATRIC FACILITIES

Form - 1

Area Designation: Name and Address of Facility	Type of Control (Govt. NPA Prop.)	Services Offered in Facility (check)											Enter Total Admissions To:				Total Profes- sional Manhours Per Week			
		Inpatient Care	Outpatient Care	Partial Hospitalization			Emergency Service	Consultation & Education	Diagnosis and Observation Only	Rehabilitation Service	Preadmission Service	After-care Program for Ex-Hosp. Patnts.	Training	Research	Inpatient Programs	Outpatient Program		Partial Hospitalization		
				Day	Night	Other												Day	Night	Other
(1)  REGION V, Eastern Montana   Eastern Montana Regional Mental Health Center Miles City Montana 59301	(2)  State	(3) X	(4) X	(5)	(6)	(7)	(8) X	(9) X	(10)	(11) X	(12) X	(13) X	(14)	(15)	(16) 4	(17) 161	(18)	(19)	(20)	(21) 69

AREA SURVEY OF OTHER MENTAL HEALTH FACILITIES

Form - 2

Area, name and address of agency	Type of Program
<u>REGION V, Eastern Montana</u>	
Eastmont Training Center Little Street Glendive, Montana	(1) D & E Clinic, Day Residential Facility (50 Patients)



Area or Region: REGION V, Eastern Montana Regional Mental Health Center

Discipline	Work Status	Psychiatric Facilities (required)								Other (optional)				Total
		(1) Psychiatric Hospital	(2) General Hosp. With Separate Psychia- tric Units	(3) Resident Treatment Center for Emot. Disturbed Children	(4) Outpatient Psychia- tric Clinic	(5) Mental Health Day/Night Facility	(6) Complete Community Ment. Health Center	(7) Other Multi-Component Psychia- tric Facility	(8) Other	(9) Other Mental Health Facilities	(10) Academic Setting	(11) Non-Mental Health Setting	(12) Private Practice	
1. Psychiatrists	Full Time Part Time T, R, & I * Total						1 0 3	(2) (1)						(13) 0 1 0 1
2. Physicians (Non-Psychiatric)	Full Time Part Time T, R, & I * Total							(1) 1			1 1			1 0 0 1
3. Psychologists	Full Time Part Time T, R, & I * Total						2				1 1			3 0 0 3
4. Social Workers	Full Time Part Time T, R, & I * Total							(2) 2						0
5. Professional Nurses	Full Time Part Time T, R, & I * Total							(1) (1) 2						0

\* T, R, & I means Trainees, Residents and Interns.

Now Existing  
Positions  
Open

AREA SURVEY OF MENTAL HEALTH MANPOWER

Form - 3, (continued)

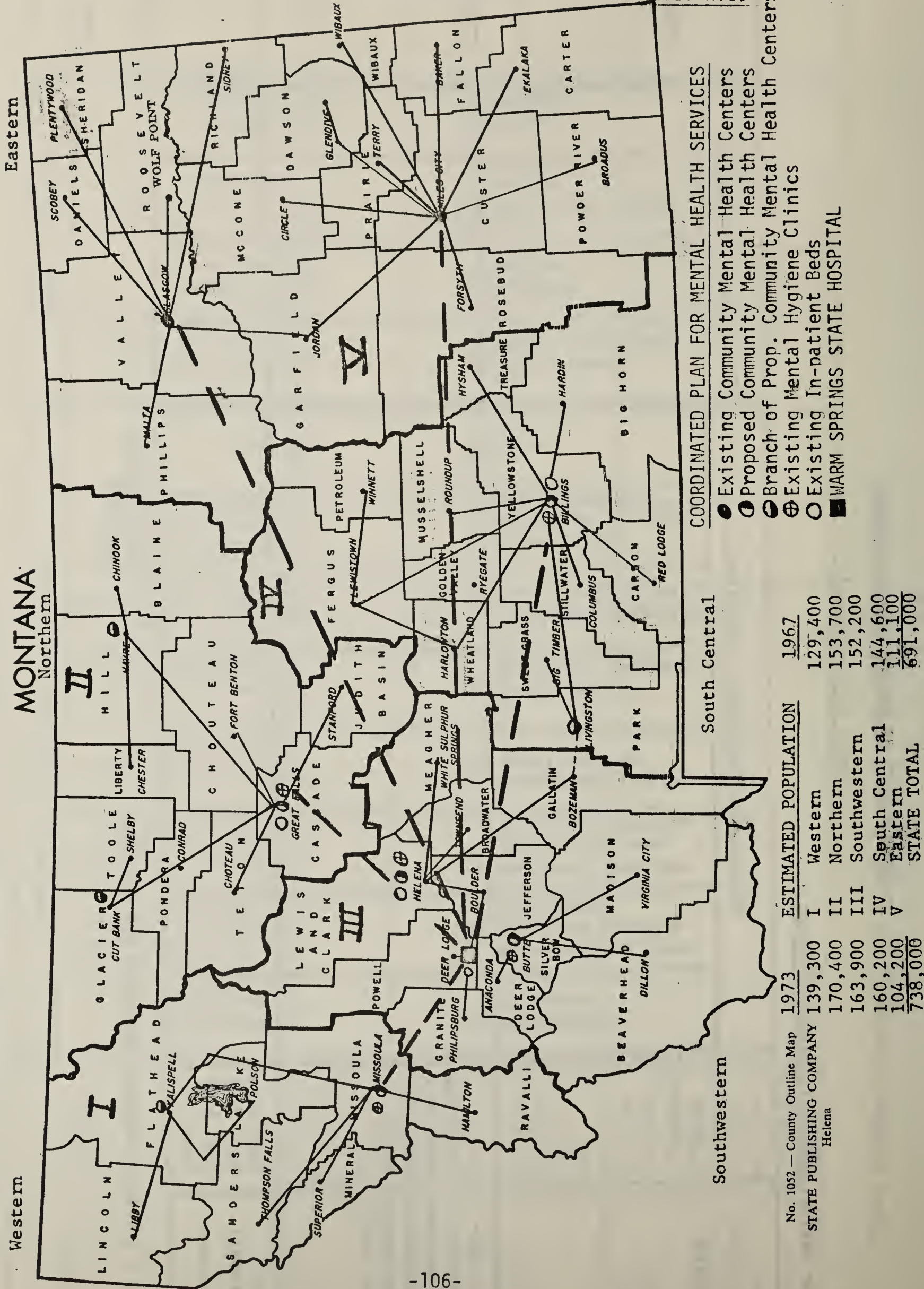
Area or Region: REGION V, Eastern Montana

Discipline	Work Status	Psychiatric Facilities (required)								Other (optional)				Other
		(1) Psychiatric Hospital	(2) General Hosp. With Separate Psychiatric Units	(3) Resident Treatment Center for Emot. Disturbed Children	(4) Outpatient Psychiatric Clinic	(5) Mental Health Day/Night Facility	(6) Complete Community Ment. Health Center	(7) Other Multi-Component Psychiatric Facility	(8) Other	(9) Other Mental Health Facilities	(10) Academic Setting	(11) Non-Mental Health Setting	(12) Private Practice	
6. Other Professionals (Occupational Therapists & Voc. Counselors Only)	Full Time Part Time T, R, & I* Total													Montana-1969 (13)
7. Other (Optional)	Full Time Part Time T, R, & I* Total								(1)					

Administrative Assistant

\* T, R, & I means Trainees, Residents and Interns.







SURVEY OF NEED AND RANKING OF AREAS

- A. Population Characteristics
- B. Socio Economic Characteristics
- C. Mental Health Resources
- D. Social Problem Indicators
- E. Priority System Summary

## POPULATION CHARACTERISTICS

(Bureau of the Census Projection 1973)

Region	Density Per Square Mile		Dependency Ratio Population Aged 15 + 65 & Over Aged 15 to 64			Population Per Household		Rank for Category	
	Rate	Rank	Numbers	Rate	Rank	Median	Rank	Sum of Ranks	Rank of Sums
I	7.18	1	$\frac{45,969 + 14,980}{78,351}$	0.77	1	3.23	5	7	1
II	6.45	2	$\frac{56,232 + 12,650}{101,518}$	0.67	4	3.37	2	8	2
III	6.34	3	$\frac{54,087 + 16,380}{93,433}$	0.75	2	3.24	4	9	3
IV	5.84	4	$\frac{52,866 + 14,780}{92,554}$	0.73	3	3.28	3	10	4
V	2.21	5	$\frac{34,386 + 11,210}{58,604}$	0.77	1	3.43	1	7	1

SOCIO ECONOMIC CHARACTERISTICS

Region	Median Family Income		Median Education Level, Adults, 25 Yrs. & Over		Families With Income Over \$3,000		Rank For Category	
	Rate	Rank	Rate	Rank	Percent	Rank	Sum Rank	Rank Sums
I	\$7,343	1	11.3	2	75.35	2	5	2
II	\$8,463	5	11.6	4	77.10	5	14	5
III	\$7,907	3	11.3	2	75.51	3	8	3
IV	\$8,138	4	11.5	3	76.91	4	11	4
V	\$7,632	2	10.6	1	72.14	1	4	1



## MENTAL HEALTH RESOURCES

Region	Community M.H. Centers		Mental Hygiene Clinics		Psychiatrists			Psychologists			Social Workers			Rank of Category	
	No.	Rank	No.	Rank	No.	Rate	Rank	No.	Rate	Rank	No.	Rate	Rank	Sum Ranks	Rank Sums
I Western	0	1	1	2	3	.023	2	2	.0155	3	3	.023	4	12	2
II Northern	0	1	1	2	4	.026	3	1	.0065	1	2	.0130	3	10	3
III S. Western	0	1	2	3	12	.078	5	7	.046	5	10	.0657	5	19	4
IV S. Central	1 **	2	1	2	4	.0277	4	1	.0069	2	1	.0069	2	12	2
V Eastern	1 *	2	0	1	1	.0090	1	3	.0270	4	0	.00	1	9	1

\* In progress; will open about September 1, 1969.

\*\* Proposed; should open late in 1969.

SOCIAL PROBLEM INDICATORS

Region	Welfare Recipients Rate Per 1,000		Infant Mortality Rate Per 1,000		Suicides Rate Per 1,000		Homicides Rate Per 1,000		Rank for Category	
	Rate	Rank	Rate	Rank	Rate	Rank	Rate	Rank	Sum of Ranks	Rank of Sums
I	30.0	3	25.9	1	7.9	3	1.1	5	12	2
II	36.5	1	16.6	4	6.9	5	3.7	2	12	2
III	16.5	5	20.5	2	10.1	2	2.5	3	12	2
IV	28.5	4	17.1	3	7.0	4	1.2	4	15	3
V	34.8	2	15.8	5	16.5	1	4.9	1	9	1

## PRIORITY SYSTEM SUMMARY

Region	Population Characteristics	Socio Economic Characteristics	Mental Health Resources	Social Problem Indicators	Sum of Ranks	Final Rank
	Rank	Rank	Rank	Rank		
I	1	2	2	2	7	2
II	2	5	3	2	12	3
III	3	3	4	2	12	3
IV	4	4	2	3	13	4
V	1	1	1	1	4	1



GOVERNOR'S JOINT COMMITTEE ON  
MENTAL HEALTH AND MENTAL RETARDATION

Box 1723  
Helena, Montana

Joseph H. Roe  
Chairman  
P.O. Box 1723  
Helena, Montana

Mrs. David Gregory  
P.O. Box 552  
Glasgow, Montana

Miss Elizabeth Havnen  
P.O. Box 1007  
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State Dept. of Health  
Helena, Montana

Mrs. George J. Allen  
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James A. Poore, Jr.  
Silver Bow Block  
Butte, Montana

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2030 Fifth Avenue  
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Mrs. Thomas Payne  
112 Pattee Creek Drive  
Missoula, Montana

Bryce G. Hughett, M.D.  
1231 North 29th  
Billings, Montana

Rober Bauer  
Bureau of Voc. Rehab.  
Power Block  
Helena, Montana

Thomas McMaster  
Dept. of Agriculture  
Mitchell Building  
Helena, Montana

Gladys Holmes, M.D.  
Missoula Mental Hygiene  
Clinic  
Missoula, Montana

James B. Patten  
Exec. Sec. Gov. Office  
Helena, Montana

Barbara Longmaid  
Dept. of Pub. Inst.  
Helena, Montana

Mary Soules, M.D.  
State Dept. of Health  
Helena, Montana

Edwin G. Kellner  
Dept. of Institutions  
Helena, Montana

Stanley J. Rogers, M.D.  
Warm Springs State Hosp.  
Warm Springs, Montana

Steve Chiovaro, Supt.  
Boulder River School  
Boulder, Montana

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## Lewistown, Helena Sites of Mental Health Sessions

By Tribune Correspondent

LEWISTOWN — The Central Montana Association for Retarded Children and Adults is sponsoring a series of workshops for parents of children with learning handicaps. The sessions will be the only programs of this nature offered in Montana.

Mrs. Maxine Homer, health educator and coordinator of Montana studies of mental retardation, is arranging the programs.

Dr. William Findley, supervisor of special education in Great Falls, and Mrs. Adelaide Fystrom, associate professor of special education at Eastern Montana College, will conduct the workshop.

Monday's meeting is scheduled for 8 p.m. at the Lewistown Presbyterian education building. Two other sessions will be held during the next two weeks.

### MENTAL HEALTH PLANS

HELENA (AP)—Proposed revisions in the 1969 state plans for hospital construction, facilities for the mentally retarded and community mental health centers will be discussed in Helena Nov. 25-26.

Dr. John S. Anderson, executive officer of the State Department of Health, said changes proposed will be reviewed by the 22-member Hospital and Long-Term Care Facility Advisory Council.

The council advises the state health department in administering three federal construction

grant programs. The board then takes action on the plans.

The board is made up of 19 members appointed by Gov. Tim Babcock and three ex-officio

members. These are State Welfare Institutions Director Edwin G. Fouse, Kellner, and Dr. Anderson.

APPENDIX

LAWS OF THE STATE OF MONTANA  
PERTAINING TO MENTAL HEALTH PASSED BY THE  
FORTIETH LEGISLATIVE ASSEMBLY IN REGULAR SESSION

Held at Helena, the Seat of Government of  
Said State, Commencing January 2, 1968  
'and ending March 2, 1967.

AND

IN EXTRAORDINARY SESSION

Commencing March 3, 1967  
Ending March 18, 1967



CHAPTER 134

MONTANA SESSION LAWS 1967

HOUSE BILL NO. 291

A BILL FOR AN ACT ENTITLED:

"AN ACT PROVIDING FOR THE COMMITMENT OF A CHILD HELD ON A CHARGE UNDER WHICH THE CHILD COULD BE JUDGED A DELINQUENT TO A RECEPTION AND EVALUATION CENTER FOR CHILDREN FOR DIAGNOSTIC STUDY PRIOR TO HEARING AND JUDGMENT: AMENDING SECTION 10-611 RELATING TO HEARING AND JUDGMENT IN JUVENILE CASES."

CHAPTER 246

MONTANA SESSION LAWS 1967

SENATE BILL NO. 85

AN ACT EXPANDING DUTIES AND SERVICES OF THE DIVISION OF MENTAL HYGIENE OF THE STATE BOARD OF PUBLIC INSTITUTIONS BY ESTABLISHING AND CONDUCTING MENTAL HEALTH CLINICS AND COMMUNITY COMPREHENSIVE MENTAL HEALTH CENTERS; CREATING REGIONAL MENTAL HEALTH BOARDS; PROVIDING FOR THE ORGANIZATION THEREOF; DEFINING THE DUTIES OF REGIONAL MENTAL HEALTH BOARDS; AUTHORIZING THE PARTICIPATION OF THE DIVISION OF MENTAL HYGIENE OF THE STATE BOARD OF PUBLIC INSTITUTIONS IN CONTRACTUAL OR COOPERATIVE ARRANGEMENTS WITH REGIONAL MENTAL HEALTH BOARDS AND OTHERS; PROVIDING THE DIVISION OF MENTAL HYGIENE AND THE REGIONAL MENTAL HEALTH BOARDS THE AUTHORITY TO RECEIVE GIFTS, GRANTS, DONATIONS, AND ANY OTHER FORM OF SUPPORT AND ENABLING COUNTIES PARTICIPATING IN REGIONAL MENTAL HEALTH PROGRAMS TO USE TAX MONIES TO FINANCE THE PROGRAMS OF PREVENTION, DIAGNOSIS AND TREATMENT OF MENTAL ILLNESS; GIVING THE DIVISION OF MENTAL HYGIENE OF THE STATE BOARD OF PUBLIC INSTITUTIONS GENERAL SUPERVISORY POWER AND CONTROL OVER ALL PUBLIC MENTAL HEALTH PROGRAMS IN THE STATE OF MONTANA; AMENDING SECTION 80-2403 OF THE REVISED CODES OF MONTANA, 1947 ENACTED AS SECTION 69, CHAPTER 199, LAWS OF 1965; AND REPEALING ALL OTHER ACTS AND PARTS OF ACTS IN CONFLICT HERewith.

CHAPTER 255

MONTANA SESSION LAWS 1967

SENATE BILL NO. 187

AN ACT REQUIRING THE BOARD OF INSTITUTIONS TO ESTABLISH MENTAL HEALTH CENTERS IN MILES CITY AND GLASGOW FOR CARE AND TREATMENT OF MENTALLY ILL PERSONS, PROVIDING STAFF AND SERVICE REQUIREMENTS TO BE UNDER SUPERVISION AND REGULATIONS OF THE BOARD; REQUIRING THE BOARD TO ESTABLISH, CONSTRUCT, EQUIP, MAINTAIN AND STAFF A MENTAL RETARDATION CENTER AT GLENDIVE, PROVIDING FOR RESIDENTIAL AND OUTPATIENT CARE OF MENTALLY RETARDED PERSONS AS AN EXTENSION OF THE STATE TRAINING SCHOOL AND HOSPITAL UNDER SUPERVISION AND REGULATIONS OF THE BOARD, NOT TO EXCEED TWO HUNDRED BED UNITS; AND PROVIDING FOR TEMPORARY TRANSFERS TO STATE TRAINING SCHOOL AND HOSPITAL AT BOULDER.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF THE STATE OF MONTANA:

Section 1. (a) The board of institutions shall establish mental health centers in Miles City and Glasgow for the care and treatment of mentally ill persons residing in Montana. Each center shall be staffed with at least one of each of the following:

1. Psychiatrist.
2. Psychologist.
3. Psychiatric nurse or social worker.

(b) Each center shall provide the following services:

1. Short-term inpatient service.
2. Partial inpatient service.
3. Rehabilitation.
4. Communities education.

Section 2. The mental health centers shall be established, organized and supervised by the board of institutions, under rules and regulations of the board authorized in section 80-145.

Section 3. The board of institutions shall establish, construct, equip, maintain and provide services for a mental retardation center at Glendive for residential and outpatient care of mentally retarded persons residing in Montana. The center shall be planned, constructed, equipped and shall provide services similar to those provided at the state training school and hospital at Boulder; provided, however, that the center shall not be a duplication of the state training school and hospital but shall be an extension thereof.

Section 4. The center to be constructed under the provisions of this act shall not exceed the requirements of two hundred (200) bed units.



Section 5. The board of institutions shall plan, supervise, and provide rules and regulations for, but not limited to, the construction, equipment, maintenance, staff requirements and services to be provided at the center. The board shall provide for temporary transfers and from the Glendive center to the state training school and hospital at Boulder for special medical, psychological, surgical or other services on a temporary basis.

EXTRAORDINARY SESSION HOUSE BILL NO. 13

AN ACT APPROPRIATING MONIES TO THE STATE CONTROLLER FOR STATE AGENCIES AND INSTITUTIONS FOR CAPITAL AND REPAIR PROJECTS FOR THE BIENNIUM ENDING JUNE 30, 1969; AUTHORIZING THE SALE OF THIRTEEN MILLION FIVE HUNDRED THOUSAND DOLLARS (\$13,500,000) OF BUILDING BONDS BY THE MONTANA STATE BOARD OF EXAMINERS; AND AUTHORIZING THE TRANSFER OF THE BOND SALE PROCEEDS TO THE "LONG-RANGE BUILDING PROGRAM ACCOUNT, BOND PROCEEDS AND INSURANCE CLEARANCE FUND."

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF THE STATE OF MONTANA:

Section 1. The following monies are appropriated for the projects and from the accounts indicated for the biennium ending June 30, 1969:

	Long-Range Building Program Account Bond Proceeds and In- surance Clearance Fund	Construction Grant Account Federal and Private Reven- ue Fund
<u>. . . DEPARTMENT OF INSTITUTIONS</u>		
<u>CHILDREN'S CENTER</u>		
Boiler & Renovation projects	\$ 75,000	
<u>WARM SPRINGS STATE HOSPITAL</u>		
New building to replace annex	600,000	
Heating plant & incinerator	550,000	
Renovate Warren and Kansas building phase I	112,000	
<u>BOULDER RIVER SCHOOL AND HOSPITAL</u>		
Remodeling	75,000	
Boys dormitory and girls dormitory	900,000	\$100,000
<u>CENTER FOR THE AGED</u>		
Boiler repair & remodeling	26,950	
<u>GALEN STATE HOSPITAL</u>		
All renovation projects	250,000	

Montana-1969

MONTANA STATE PRISON

Remodeling \$ 50,000

Dairy 150,000

PINE HILLS SCHOOL

Classroom (supplemental) 152,000

Physical education furnishings 49,000

Dining facilities 90,000

MOUNTAIN VIEW SCHOOL

Repairs and remodeling 46,000

Multi-purpose shop 29,000

VETERAN'S HOMES

New facility 500,000

SWAN RIVER YOUTH FOREST CAMP 88,000

COMPREHENSIVE COMMUNITY MENTAL  
HEALTH CENTER at Billings, Montana 190,000

GLENDIVE RETARDATION UNIT 165,000 and any available Federal funds.

Section 2. In addition to the amounts specifically appropriated by this act, the expenditure of all federal and private monies available for the above named capital projects may be made upon the approval of the governor submitted through the state controller.

Section 3. Monies appropriated for one (1) project may be used on other projects under the following conditions: (1) Upon award of construction contract for any project named above in the university system, the board of regents, with the concurrence of the state controller, may request transfer of excess funds appropriated for that project to increase the appropriation of another project within the university system. (2) Upon award of construction contract for any project named above under the control of the board of institutions, the board of institutions, with the concurrence of the state controller, may request transfer of excess funds appropriated for that project to increase the appropriation of another project under their supervision.

Section 4. No awards for construction shall total more than fifty percent (50%) of the total authorized in any six-month period during the 1967-69 biennium. . .



Section 6. This act shall be effective upon passage and approval and supplemental amounts authorized from current cash are approved for immediate use.

Approved by Tim Babcock, Governor of  
said State on the sixteenth day of  
March, 1967.



